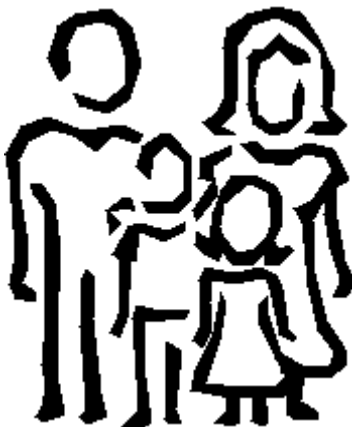


LASSEN COUNTY
CHILDREN AND FAMILIES COMMISSION

STRATEGIC PLAN

FY 2000-2001

"This Strategic Plan is dedicated
to all of the young children of
Lassen County."



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TABLE OF CONTENTS

Executive Summary -----	ii
Description of Lassen County -----	1
Children and Families Commission -----	3
Strategic Planning Process -----	5
Needs and Gaps -----	7
Summary of Needs -----	14
Strategic Plan -----	20
Improved Systems for Families -----	21
Improved Family Functioning: Strong Families -----	25
Improved Child Development: Child Care and Early Education -----	27
Improved Child Health: Healthy Children -----	28
Allocations and Financial Plan -----	30
Projected Annual Budget for Fiscal Year 2000-2001 -----	30
Results Accountability -----	33
Appendices -----	36
Proposition 10	
Parent Survey Analysis	
Provider Survey Analysis	
Community Meeting Summary - Bieber	
Community Meeting Summary - Westwood	
Community Meeting Summary - Susanville	
Lassen Children and Families Commission Bylaws	
County Ordinance Establishing Commission	

EXECUTIVE SUMMARY

Experiences during the first three years of a child's life and the trillions of brain cell connections that are made are forming the child's foundation for emotional attachment, thinking, language, vision, attitudes, aptitudes, physical growth, and other characteristics. Yet, these crucial years have inadvertently been neglected. The seminal Starting Points report by the Carnegie Corporation of New York concludes that "how children function from the preschool years all the way through adolescence, and even adulthood, hinges in large part on their experiences before the age of three." New research from many sources, including the Carnegie Corporation, the Baylor College of Medicine, and the White House Conference on Early Childhood Development, demonstrates that the capacity of a child's brain grows more during the first three years than at any other time. The Education Commission of the States' report on the results of neuroscience research associated with early childhood development states: "Too many infants are born with problems that hinder their start in life. Damage that occurs to the embryo during critical growth times may lead to irreversible disabilities." (Children and Families Act 1998)

In response to such research and the acknowledgment that the well-being of California's infants and children is endangered, the voters of California in November of 1998 passed Proposition 10, The California Children and Families Commission Act. This initiative added a \$.50 per pack tax on cigarettes, added an equivalent tax increase on distributed tobacco products and created a trust fund for the revenues collected. A total of eighty percent of the funds collected statewide are being distributed to counties, to be used exclusively for the purpose of promoting, supporting and improving early childhood development from the prenatal stage to five years of age. Revenues are to be used for the following:

- To create a comprehensive and integrated delivery system of information and services to promote early childhood development
- To provide funds to existing community based centers or establish new centers that focus on parenting education, child health and wellness, early child care and education, and family support services.
- To educate Californians via a statewide multimedia campaign on the importance of early childhood development.
- To provide assistance to pregnant women and parents of young children who want to quit smoking.

Since January of 1999 the additional tax from the sale of tobacco products has been accumulated into a designated trust fund to meet the needs of children ages prenatal to five throughout the State of California. Eighty percent of these funds reach the 58 counties in the state in proportions based on the live birth rate of each county. The State Commission has defined strategic results that each County Commission is to consider while planning programs, services and projects:

- Improved systems for Families: Integrated, Accessible, Inclusive and Culturally Appropriate Services
- Improved Family Functioning: Strong Families
- Improved Child Development: Children Learning and Ready for School
- Improved Child Health: Healthy Children

The challenge that Proposition 10 presents to all California counties is to create a “community where every child is a wanted child, that every child is born healthy, that preventable health and developmental problems are prevented and that every child receive those developmental inputs that will improve their lives.” (Halfon, N., 1999) In response to this challenge, each County Commission is required to develop a comprehensive, integrated strategic plan describing how the Act will be implemented in an effort to achieve the strategic results.

Health and Safety Code Section 1301140(1)(C)(ii) of the Act requires County Commission strategic plans to include, at a minimum, the following components:

1. A description of the goals and objectives proposed to be attained;
2. A description of the programs, services and projects proposed to be provided, sponsored or facilitated;
3. A description of how measurable outcomes of such programs, services and projects will be determined by the County Commission using appropriate reliable indicators; and
4. A description of how programs, services and projects relating to early childhood development within the county will be integrated into a consumer-oriented and easily accessible system.

Based on the tasks set forth in the legislation, guidance from the State Commission, and a county-wide planning process, the Lassen Children and Families Commission has developed this initial Strategic Plan for Fiscal Year 2000-2001. This plan promotes and supports the improvement of early childhood development of children prenatal to age five years in Lassen County through collaboration, coordination of resources and programs that emphasize family support, parent education, child care, early development, and child health and wellness. The Commission, made up of nine members, gathered information through parent and provider surveys, community forums, existing needs assessments and key person interviews. The following Strategic Plan is based upon this input. Primary goals are:

- To improve the over-all health of children aged prenatal to five years with an initial focus on dental health.
- To empower communities to make positive differences in their own community

- To educate parents on issues related to early childhood development and available children and family services and programs
- To facilitate public and private partnerships to integrate and augment childcare and early childhood development services

Each of the goals identified by the Commission has objectives and activities/strategies detailed for achieving the objectives. Indicators and proposed outcomes have been identified in order to monitor the progress of the Commission in meeting the goals. These indicators are the tools by which the Commission will measure its success and report to the residents of Lassen County in an annual report.

The Lassen Children and Families Commission will receive approximately \$360,000 annually to fund this and subsequent plans. The Commission intends to use these funds to leverage other dollars in order to effectively implement this and subsequent Strategic Plans in this remote, isolated county with very limited health and human resources.

Thank you to the parents and providers of Lassen County who responded to the survey, to the key persons who were interviewed, to the communities that hosted forums, to the Commissioners for their guidance and support during the preparation of this plan in such a short time frame, to Holly Blanton-Olsen and Kyle Devine for their help in preparation of demographic profiles; and especially to the Commissions of other Counties who shared their thoughts and ideas regarding the strategic planning process. To all of you,

THANK YOU!

DESCRIPTION OF LASSEN COUNTY

COMMUNITY PROFILE

Geographic Features: The very remote mountainous high desert and rugged County of Lassen lies on the eastern slope of the Sierra Nevada Mountains, located 280 miles northeast of San Francisco, 83 miles North of Reno, Nevada, and 113 miles Southeast of Redding. Elevations range from 4000 to 8600 feet above sea level. This topography presents natural geographic barriers as well as inclement weather which inhibits prompt access to information and services. Average annual snow fall is ten inches in the valleys to several feet in the mountains. Our county is among the largest in area with 4,547 square miles and among the smallest in population with approximately 25,150 residents almost half of which live in the City of Susanville. The majority of services are located in Susanville, the county seat. The populace living in the outlying areas of the county have difficulty accessing services, particularly during the winter months. There is a public transit system but it runs to the outlying areas just once each day which puts consumers in town all day if they must rely on this mode of transportation. Many residents feel cut off from California proper, some by choice and others due to employment in this area. The average length of the growing season is 121 days although freezes may occur any night of the year. The county seat and largest urban area in the county is Susanville, population 8,000, which is the only incorporated city in Lassen County. Approximately 30 percent of the total population resides in the urban area of Susanville with 70 percent living in rural regions. In stark contrast, statewide, 91.3 percent of residents live in urban areas and 8.7 percent in rural areas. Lassen County is also the home of the largest state prison in the United States, holding over 9,000 institutionalized men. Lassen County is designated by the federal government as a Medically Under served Area (MUA) and a Health Professional Shortage Area (HPSA).

Economics: The county is richly vested in natural resources which support its primary dollar-volume activities of lumber production, agriculture, and recreational-tourism. There have been dramatic changes in Lassen County in terms of industry. Initially we were a ranch, farm, timber industry county with some governmental employment. Now, federal, state, and local governments are the largest employers in the county, accounting for over 50 percent of the total 12,725 nonagricultural wage and salary jobs. Sierra Army Depot, the California Correctional Center, and High Desert State Prison account for approximately 3,000 jobs for Lassen County citizens. This employment has raised the economy but there are continuing concerns for public services that have not grown with the increase in population. And, access to or knowledge of these services is limited due to no central agency or organization providing such a resource. Trade, services, and manufacturing are the next three largest industry groups. In the kaleidoscope of Lassen County's changing economy, government jobs are replacing employment in more traditional timber work. Another factor to add to the kaleidoscope is welfare reform. It is estimated that of the 700 families currently receiving public assistance in Lassen County, 500 of them will be ineligible for assistance in 2-5 years. The expectation is that they will be gainfully employed. We do not have statistics that show the number of people per family involved in Welfare reform, therefore, the actual impact may be lesser or greater.

Population Trends and Services: In 1990, there was 72.8% of the population who were high school graduates and 11.7% who were college graduates. The median income for Lassen County in 1993 was \$29,865, and \$34,032 in 1995 (State median income in 1995 was \$36,767). The poverty level in Lassen County for 1993 was 15.6% and 14.5% in 1995 as compared to 13.3% in 1989. Of children ages 5 to 17, 16% were below the poverty level in 1993. In 1996, 10.6% of the County population was unemployed. In 1998 Lassen County's unemployment rate was 9.3%.

Lassen County was the fastest growing county in California for 1996 and 1997 when it was growing at four times the rate of any other county. It's growth rate for 1997 was over 12%, increasing the population to a total of 34,450 (Figure 1). Of this population, 9,000 were institutionalized leaving an actual population of 25,450. In the City of Susanville, the growth rate was 17.5% in 1996. This growth can be attributed to the opening of the High Desert State Prison which added over 8,000 new residents, composed of prisoners, their families, correctional center employees and their families. Susanville is now

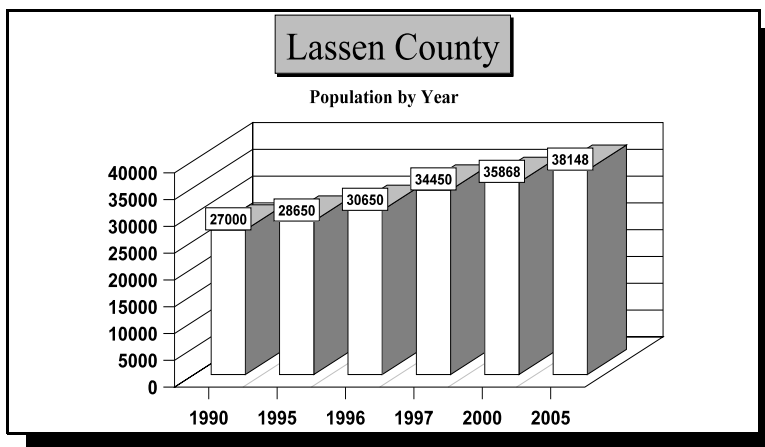


Figure 2. The estimated population of Lassen County by year (California Department of Finance, 1997). Lassen County's population reached the projected number for the year 2000 in 1997. This was attributed to the opening of High Desert State Prison in Susanville. As the prison opening occurred in 1996, we have assumed that Lassen County's growth rate will fall back into normal ranges. The data for the years 2000 and 2005 was adjusted due to the actual increases as of 1997.

host to the largest prison complex in the United States. According to the U.S. Census Lassen County's population in April 1990 was 90% White, 6.4% Black, 3.2% Native American, and 1.1% Asian and Pacific Islander. Of this population, 10.7% were of Hispanic origin.

Approximately 24.9% of Lassen County's population are children ages 0-17 years old. There are 1,603 children between the ages of 0-4 (20.3%), 1,929 children between 5-9 years old (24.4%), 2,089 children between the ages of 10 and 14 (26.5%), and 2,253 children between the ages of 15 and 19 (28.8%). Of the children under the age of 6, 24.2% live at or below the federal poverty level. For the projected number of children through the year 2005, see Table 1.

In 1997 there were 328 live births to Lassen County residents of which 14 were teen moms (4.0%) seventeen years of age and younger. (Advanced Report 1997, California Vital Statistics). In 1996, there were 296 births to Lassen County residents of which 13 (4.4%) were to teen mothers ages 17 to 15. Some of the barriers to timely and adequate perinatal care for these women are limited public and private transportation, geography, level of education and language, and accessibility to physicians.

Table 1. The projected number of children living in Lassen County.

Year	1996	1997	2000	2005
Projected Number of Children Between the Ages of 0-17	8,130	8,591	8,931	9,499
Projected Number of Children Between the Ages of 0-4	1,650	1,744	1,813	1,928
Projected Number of Children Between the Ages of 5-9	1,984	2,096	2,179	2,318
Projected Number of Children Between the Ages of 10-14	2,154	2,276	2,367	2,517
Projected Number of Children Between the Ages of 15-19	2,341	2,474	2,572	2,736

The opening of the High Desert prison in September 1995 has resulted in much higher rents. Low income families and families with unemployed or lower paid wage earners are having difficulty finding affordable rental housing.

Compared to California as a whole between the years of 1990 and 1996, Lassen County had higher percentages of (1) children under 6 living under the poverty level (24.2% vs. 19% statewide), (2) rural vs. urban residents (74% vs. 7% statewide), (3) unemployment rates (11% vs. 7.8% statewide), (4) percentage of new moms who did not complete high school (27% vs. 24% statewide), (5) TANFor cash aid recipients (9.4% vs. 8.3% statewide), (6) more moms who are unmarried (42% vs. 36% statewide), (7) more low birth weight babies (6.9% vs. 6.2% statewide).

HEALTH SERVICES SYSTEM

There is one community hospital in Susanville staffed by private physicians. The hospital has an emergency room open 24 hours, a birthing facility with nursing staff on call, an acute unit and skilled nursing facility. There are two convalescent hospitals in Susanville and one home health agency. All of Lassen County is designated as “medically under served”, Advanced life support (ALS) ambulance service is available throughout the county with backup support from BLS (Basic Life Support) trained volunteers. The two ambulance companies in Susanville coordinate with ALS responders in neighboring counties and Nevada. Mountain Life Flight provides medical transport by air to Reno, Redding, or Chico. Angel Flight provides free air transport for children of low income clients. Susanville has a Federally Qualified Health Clinic

(FQHC) which includes a Well Woman Clinic and a Dental Health clinic. There is a clinic at the Susanville Indian Rancheria which includes a dentist. There are four private physicians who will accept Medi-Cal and who will do Child Health and Disability Prevention (CHDP) exams. There are two pediatricians and two OB-Gyn providers, two of whom do not accept CHDP or Medi-Cal. Other local specialists are an Internist, a Neurologist, a Urologist, a Podiatrist, an orthopedic surgeon and an ophthalmologist.

The FQHC, Northeastern Rural Health Clinic, has a satellite site in the south county area of Doyle. Lassen Indian Health operates a community clinic at the Sierra Army Depot facility in Herlong.

The western part of Lassen County is served by Westwood Family Practice, a satellite clinic of Northeastern Rural Health. Westwood is separated from Susanville by Fredonyer Pass which can be extremely hazardous in the winter. The most accessible hospital for Westwood residents is Seneca Hospital in Chester, Plumas County (approximately 20 minutes away).

The north county area is served by Big Valley Medical Center, a Rural Health Clinic which in addition to medical services, has on staff a Dentist, a Dental Hygienist, and a Licensed Clinical Social Worker. Big Valley is isolated from Susanville during the winter months. The most accessible hospital for Big Valley residents is Mayers Memorial Hospital in Fall River Mills in Shasta County (30 minutes away).

Dental access for Medi-Cal beneficiaries is difficult. Lassen Family Dental Clinic has a dentist who accepts Medi-Cal. There is no Pedodontist in the county. Referrals are made to Redding (2 hours one way) and Paradise (3.5 hours one way).

Lassen Indian Health Clinic is staffed by medical professionals, mental health and alcohol and drug professionals, and dental professionals. The Native American population is eligible to receive this full spectrum of services at Lassen Indian Health. A minimal number of non-Indian clients are seen as the patient load dictates.

High risk care for moms and babies is available in Reno, Nevada, Sacramento, California, and Redding, California, although the closest Neonatal Intensive Care Unit is in Nevada, which because it is across state lines, may involve difficulties in Medi-Cal or California Children's Services (CCS) reimbursement or acceptance of the Medi-Cal reimbursement rates.

THE LASSEN CHILDREN AND FAMILIES COMMISSION

The Lassen Children and Families Commission was created by the adoption of Ordinance Number 538, on January 12, 1999 by the Lassen County Board of Supervisors. The first meeting of the Commission was held in August 1999, Bylaws were adopted in December of 1999, and the Commission contracted for strategic planning and administrative and evaluation services in April of 2000.

The Lassen Children and Families Commission is comprised of nine members appointed by the Board of Supervisors representing the areas of county government, public health, public education, child care, parent education, preschool and early learning. Its purpose is to create and manage a collaborative comprehensive system of information, programs, services, and administrative support for enhancing early childhood development of children aged birth to five and their families. The Lassen Children and Families Commission has adopted the following vision and mission statements as the foundation of their strategic planning:

VISION STATEMENT

All Lassen County children will thrive in supportive, nurturing and loving environments, enter school healthy and ready to learn, and become productive, well-adjusted members of society.

MISSION STATEMENT

The Lassen County Children and Families Commission is designed to provide, on a county-wide basis to all children prenatal to five years of age, a comprehensive, integrated system of early childhood development services. Through the integration of health care, quality child care, parent education and effective intervention programs for children and families, children and their parents and care givers will be provided with the tools necessary to foster secure, healthy and loving attachments.

GOALS

- Support optimal parenting, all-around health, and economic self-sufficiency for families.
- Ensure that every child from birth through age five reaches his or her developmental potential and is ready for school.
- Promote optimal physical and mental health for all children from birth through age five.
- Create an integrated, coordinated system of care that maximizes existing resources and minimizes duplication of services.

COMMISSION MEMBERS

JIM CHAPMAN	County Supervisor
ELIZABETH ELAM	Early Childhood Educator
MELANIE GODDARD	Infant/Toddler Teacher
JANICE IRVIN	Headstart/Family Services
PATSY JIMENEZ	Public Health Nurse
DAVID JONES	Medical Clinic Director
BARBARA MALONE	Director, Child & Family Resources, County Office of Education
YVONNE O'NEILL	School Psychologist
CHERYL SMITH	Family Child Care Provider

The Commission meets monthly on the first Thursday at 1:30 p.m. in the Conference Room of the Lassen County Public Health Department, 555 Hospital Lane, Susanville, California. The meetings are open to the public.

THE STRATEGIC PLANNING PROCESS

To strategically plan is to undertake a systematic, coordinated process for plotting the overall course or direction for an idea or endeavor. The primary purpose of this type of planning is to develop a course of action that is well founded and suited to the cause so as to ensure that often limited resources can be strategically pointed in support of the desired outcome.

Strategic Planning in Lassen County is an ongoing process. This first Strategic Plan of the Lassen Children and Families Commission is a foundational plan, one that will be further refined and enhanced based on an evolutionary and ongoing process of listening, researching best practices, analyzing and evaluating needs, matching the identified needs to existing resources, and prioritizing. Further development and refinement of strategies, and critical performance indicators and measures will be among the first tasks of the Commission during fiscal year 2000-2001.

Many parents, providers, educators, and other professionals throughout Lassen County contributed to this initial Strategic Plan. A written needs assessment of parents and providers was implemented, community forums were held, and key person interviews were conducted. Existing data was gathered and analyzed from previous needs assessments conducted within the last three years from the Lassen Child Care Council, and the Maternal, Child, and Adolescent Health advisory group. Information on existing services was obtained. The Commission is still in the process of mapping existing assets to the needs that were identified. A clear analysis of the gaps in services, or the limitations of existing services is not complete. However, certain foundational strategies have materialized and are the target of this first year plan.

- Engage the entire community in supporting the healthy development of children with an initial focus on dental health.
- Build systems of collaboration between service providers and the Commission
- Implement a Community Health Score Card Project
- Engage in an education campaign to change community norms and build understanding regarding parenting skills, child development
- Engage in an education campaign to increase the level of awareness about local resources available to children and families
- Complete the mapping of assets and needs and then prioritize
- Research best practices
- Build strategies to address needs

NEEDS AND GAPS

The State Commission has defined strategic results as the overarching directional focus or broad outcomes for improvement. It has identified three strategic results that emanate directly from the Act:

- 1. Improved family Functioning: Strong Families**
- 2. Improved Child Development: Children Learning and Ready for School**
- 3. Improved Child Health: Healthy Children**

The State Commission encourages County Commissions to consider these strategic results while planning programs, services and projects that *promote, support and improve early childhood development to enhance the intellectual, social, emotional and physical development of children in California* (Health and Safety Code Section 130124 (b)).

In addition, a fourth result area was added recently by the State Commission for integrated, comprehensive, inclusive, and culturally and linguistically appropriate services. This Improved Systems for Families result area is intended to serve as a screen for implementing programs to achieve results in the other three areas. It is not intended to suggest that government systems are more important than the results they achieve. However, adding isolated programs to the current menu of services without attending to coordination and access issues will produce more fragmentation and may deter the achievement of sustained long-term results for children and families. Integrating services into a “consumer-oriented and easily accessible system” requires deliberate and collaborative work in this result area.

1) Improved Family Functioning: Strong Families

Successful and strong families are those who are able to provide for the physical, mental and emotional development of their children. Young children are entirely dependent upon care givers for survival and nurturing. It is the interaction of the parent or primary care giver with the child that shapes the child’s view of himself or herself as an individual capable of interacting with the world and achieving desired outcomes from that interaction. Parents and care givers provide the foundation for a child’s ability to create successful relationships, solve problems and carry out responsibilities. Children who are encouraged to develop a strong self-concept from an early age are more likely to achieve a productive and fulfilling life.

2) Improved Child Development: Children Learning and Ready for School

The importance of preparing children to succeed in school is critical. The role of education in a child’s later ability to create a healthy, fulfilling life has been well documented. Skills that allow one to problem solve and think creatively are developed in early childhood education settings and nurtured through community and parental reinforcement. The national association of Elementary School Principals has stated that “better childhood’s” would be the single greatest contributor to improvement in school achievement.

3) Improved Child Health: Healthy Children

Children who are healthy in mind, body, and spirit grow up confident in their ability to live a fulfilling, productive life. Healthy children have sufficient nutrition, health care, nurturing and guidance, and mental stimulation and they live in families that value them. The research on child development and the impact of the early years emphasizes the importance of children and their mothers beginning life with healthy nutrition and healthy environments.

Clearly, these strategic results are interrelated and strategies selected to achieve them should be interrelated. The domains they encompass – prenatal care, child health, preschool education, child care, family support, parent education and community building – ideally should form a coherent whole that can be sustained over time and will produce widely valued outcomes for young children and their families.”

In addition to a Prop 10 Survey, key note interviews, and public forums, existing data from the Lassen County Child Care Planning Council Strategic Plan, 1999- 2004 and from the Maternal, Child and Adolescent Health Master Plan, 2000-2005, was utilized to identify possible needs for 0-5 population as it relates to the targeted focus areas for the Lassen County.

It should be stated that both plans cited the opening of High Desert State Prison in 1996 as a significant factor that has impacted the county, with the county seat in Susanville being the city most significantly impacted.

With the opening of the second state prison, more families have moved into Lassen County. Some of these families are correctional officer families who may have one or both parents working at the prison. Some of the families are loved ones who follow their incarcerated family members and choose to reside in Lassen County in order to be near them.

Because of this increase “in-migration” into Lassen County, there has been an increased burden on existing resources that provide services to the 0-5 population.

In 1996, there were approximately 30,742 people living in Lassen County. Of these, 1,949 of them were children ages 0-4. During this same year, Lassen County had 297 births. Sixty-one of the women who gave birth in 1996 had less than 12 years of education. This means that 23 % of women giving birth or almost ¼ had less than 12 years education. Fifty-five of the fathers of these births had less than 12 years of education. This means that 18.5% of these fathers had not completed a high school education.

DEMOGRAPHIC INFORMATION

BIEBER/NUBIEBER

The communities of Bieber and Nubieber are located in the northwestern section of Lassen County. Big Valley Medical Services Inc., is the sole clinic site that serves a population of over 3,000 individuals from the communities of Bieber, Nubieber, Lookout and Adin (Lookout and Adin are in Modoc County). The clinic has a dentist on site that provides dental services for all of the area residents and who also accepts private and Denti-Cal insurance.

The largest employer in Bieber is Big Valley Lumber Company with 152 employees. There are a number of farms in Big Valley with alfalfa & mint being the main crops grown.

There are families receiving Temporary Assistance to Needy Families funds (TANF) in the communities of Bieber and Nubieber. These combined families have **24** children in the 0 to 5 age group living in the Bieber/Nubieber area.

There were 11 births to women in the Bieber/Nubieber area in 1998. Two of these births were infants that were less than 2500 grams (less than 5.5 lbs) and would be considered low birth weight infants.

There was no data available for the number of children enrolled in preschool in the Bieber/Nubieber community, as there are no preschools identified in the area.

The nearest hospitals are in Fall River Mills, 24 miles away and in Alturas, 52 miles away (Shasta and Modoc counties respectively). Mountain passes must be transversed to get to either hospital and there is no public transportation for clients to either get to the Big Valley Clinic or to the hospitals.

DEMOGRAPHIC INFORMATION

WESTWOOD

Westwood is a community that is located 22 miles west of Susanville and was once one of the largest company lumber towns in the west. It was home to the Red River Lumber Company, the largest pine lumber mill in the world from 1913 to 1956. The lumber mill is no longer in existence and the current major employers include the private retail sector, public school system, US Forest Service, logging and ranching.

In 1998, there were **39** births to women in Westwood; **two** of these births were less than 2500 grams (less than 5.5 lbs) and were considered low birth weight infants; **one** infant was less than 1500 grams (less than 3.3 lbs) and was considered a very low birth weight infant.

Westwood State Preschool and Paul Bunyan Preschool are the two preschools providing early childhood education to children age 2 ½ to 5 years in the Westwood community. In 1999, there were a combined total of **21** students enrolled at these preschools.

Westwood Family practice is a part of Northeastern Rural Health Clinics Inc. The clinic provides medical services to the majority of Westwood area residents. The nearest

hospitals are in Susanville, approximately 22 miles away and in Chester, approximately 18 miles away. To access the hospital in Susanville, residents must transverse Fredonyer Pass on highway 36, which during the winter months can be closed due to hazardous road conditions.

There is public transportation via the Bus transit system that travels between Westwood and Susanville daily and the bus also travels as far as Hamilton Branch each day.

There are no dentists providing dental services in the Westwood community. The nearest dental services would be in the city of Chester in Plumas County for those clients who have private insurance. The nearest Denti-Cal insurance provider is in Susanville and frequently does not provide services to children age 0 to 5 with dental caries that require anesthesia for repair.

There are families receiving Temporary Assistance to Needy Families funds (TANF) residing in the Westwood community. These combined families have approximately **56** children in the 0 to 5 age group living in the Westwood area.

DEMOGRAPHIC INFORMATION **HERLONG/ DOYLE**

The Herlong community is located 35 miles southeast of Susanville and 55 miles northwest of Reno Nevada, just off of U.S. Highway 395. The community of Doyle is 10 miles south of Herlong and shares many of the same community resources as Herlong.

The Sierra Army Depot is the largest federal facility in northeastern California and is located in Herlong. Its missions are operational stocks processing and maintenance, storage, maintenance and disposal of munitions and Armed Forces training. At one time, the Depot was the largest employer in the Herlong/Doyle area. Currently the depot employs 300 individuals.

Nearby farms in the area of Milford, raise alfalfa and strawberries as two of the main crops.

There may be a surge in residents and employment opportunities if the planned federal women's prison is built in the Herlong area in the next few years.

The primary access to Healthcare for the Herlong/Doyle residents is at the Doyle clinic that is a part of Northeastern Rural Health Clinics Inc. An additional clinic, the Sierra Clinic operated by the Indian Rancheria opened two years ago but is currently phasing out providing health services to the area. The Sierra Army Depot also operates a limited outpatient clinic for base employees.

In 1998, there were **27** births to women who resided in the communities of Herlong & Doyle. **One** infant of the 27 was identified as weighing less than 2500 grams (less than 5.5 lbs) and therefore was considered a low birth-weight infant.

The Herlong/Doyle community has a “special needs” preschool at Long Valley. In the 1999/2000-school year, **15** children ages 2 ½ to 5 years of age were enrolled.

There are families receiving Temporary Assistance to Needy Families funds (TANF) in the Herlong/Doyle area. These combined families have **63** children in the 0 to 5 age group living in the Herlong/Doyle area.

There are no dentists providing dental services in the Herlong/Doyle community. The nearest dental services would be in the city of Reno, Nevada for those clients who have private insurance. The nearest Denti-Cal insurance provider is in Susanville and frequently does not provide services to children age 0 to 5 with dental caries that require anesthesia for repair.

DEMOGRAPHIC INFORMATION **SUSANVILLE/ HONEY LAKE VALLEY/MADELINE PLAINS**

Susanville, the Lassen County seat, was incorporated in 1900. Isaac Roop began the first settlement in 1854. The city and its river were named for his daughter Susan.

The town of Susanville has increased in population over the past twenty years. It has gone from 6,425 residents in 1980 to 17,050 in 1999. The opening of High Desert state Prison in 1996 has accounted for much of the increase in population as approximately 1200 new jobs were created by it's opening. This prison combined with the California Correctional Center makes the state prison system one of the biggest employers in these communities.

In 1998, there were **208** births to women residing in the Susanville, Leavitt Lake and Janesville areas. Of these births, **1** infant was very low birth weight, under 1500 grams (less than 3.3 lbs) and **7** infants were considered to be of low birth weight, under 2500 grams (less than 5.5 lbs). Forty-six women in these areas had late entry into prenatal care (2nd trimester or later) and 1 woman had no prenatal care at all. The majority of these births occurred at Lassen Community Hospital.

Some high-risk births (e.g. premature labor, hypertension of pregnancy) may have occurred at St. Mary's or Washoe Medical Center in Reno but there is no current data available to provide numbers of births occurring outside of Lassen County.

There are families receiving Temporary Assistance to Needy Families funds (TANF) in the Susanville/Honey lake Valley/Madeline Plains areas. These combined families have **413** children in the 0 to 5 age group living in their communities.

Preschool data for 1999 shows the total number of children enrolled in Preschools throughout the Susanville, Leavitt Lake and Janesville areas:

Leavitt Lake Head Start	26 children (age 2-4yr 11mo)
Susanville Head Start	40 children (age 2-4yr 11mo)

Private Preschool:	
Sacred Heart, Susanville	75 children (age 2-4yr 11mo)

Public Preschool:

Infant Cottage (Susanville)	6 children (under 2yrs) & 1 child (2-4yr 11mo)
Sunshine Preschool (Susanville)	15 children (age 2-4yr 11mo)

Lassen Community College Child Development Center (Susanville)	4 children (under 2yrs) & 61 children (2- 4yr 11mo)
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Susanville Preschool (Susanville)	18 children (age 2-4yr 11mo)
Hugs & Snugs Preschool (Janesville)	2 children (under 2ys) & 18 children (2- 4yr 11mo)

This provides a grand total of **265** children in the preschool age group in 1999 for the Susanville/Leavitt Lake and Janesville areas. These totals do not include children who are in private home day care.

SUMMARY OF NEEDS

Proposition 10 Needs Assessment Findings

The following is a brief summary of the needs identified for children ages 0-5 in Lassen County. All information was obtained from the Maternal, child and Adolescent Master Plan 2000-2004, the Lassen County Child Care Council 1997 needs Assessment, and the Lassen County Children and Families First Commission Needs Assessment 2000. All needs cited are specific to families with children under the age of 5. Some items may fall in more than one category but have been placed in the most applicable one. Complete analysis of data collected in the Prop 10 Survey can be found in the Appendix to this document. For other specific information, please refer to the above mentioned projects documentation.

Improved Family Functioning: Strong Families

Parent Education and Support Services

- High Rate of Child Abuse and Neglect
- High Rate of Domestic Violence
- Lack of useful information on raising children from local resources
- Lack of Affordable Child Care/Pre Schools
- Need for training of child care providers
- Lack of child care for special needs children
- Expressed need for more useful parenting education
- Lack of Transportation. People residing in Susanville are more likely to not need transportation.
- Consumers feel that the most useful information on raising children comes from pre-schools with some useful information coming from doctors offices.

Improved Child Development: Children Learning and Ready for School

Child Care and Early Education

- Lack of child care providers for children under the age of 5
- Lack of affordable child care providers (most who need child care are below the poverty level)
- Child Care is most often needed during the weekday.
- Families living in Susanville are more likely to have a child in child care.
- No Mental Health services for children under the age of 5
- Mental Health services are hard to access
- There is a lack of individual and family counselors.
- Lack of child care and other services for special needs children
- High amounts of alcohol and drug consumption in Lassen County (possibly leading to Fetal Alcohol Syndrom or Fetal Drug Effect
- In 1989, 9% of newborn infants who were delivered at Lassen Memorial Hospital had positive toxicology screens. Most prevalent was methamphetamine.

Improved Child Health: Healthy Children

Health and Wellness

- Lassen County has more mothers who do not receive medical care during pregnancy than the California Average.
- Lassen County has limited health resources, but most consumers feel satisfied with being able to access medical care and have a family physician
- In Lassen County, only 56% of Medi-Cal eligible children received timely well child check ups in 1997-1998.
- There are no Dentists who see children under the age of 5 who accept Medi-Cal in Lassen County. The closest providers are in Redding and Paradise.
- 36.4% of persons surveyed indicated that someone lived in the household who smoked.
- From the demographic information gathered, it appears that between 1600 and 2,000 children are in the target population in Lassen County and of those, approximately 20-30% are utilizing TANF services.

The Children and Families Commission is responsible for prioritizing and developing strategies for implementation of projects targeted at the needs of the 0-5 aged population. In an effort to move toward this, the many identified needs have been grouped into the focus areas adopted by the State Commission.

FOCUS AREA ONE: PARENT EDUCATION

AND SUPPORT SERVICES

Improved Family Functioning: Strong Families

According to the **Maternal, Child and Adolescent Master Plan 2000-2004**, the following indicators and needs were identified relative to Focus Area One for the Lassen County Children and Families First Strategic Plan:

- ◆ In 1996, Lassen County had a higher rate of child abuse and neglect than California (response dispositions were 198.2/1000 population vs 74.8/1000 population statewide). Data for the number of children involved for the age 0-5 population is not available.
- ◆ Lassen County had significantly more children living in foster care in 1996 when compared to California rates (14.1 children /1000 population vs 7.7/1000 population for California).
- ◆ Lassen County has a higher rate of domestic violence calls than the California average.
- ◆ Lassen County has higher rates of unemployment than the California average, (11% vs 7.8% statewide).
- ◆ Lassen County has a higher percentage of new moms who did not complete high school (27% vs 24% statewide).
- ◆ Lassen County is higher in alcohol use than the California average.
- ◆ Lassen County has data that indicates methamphetamine use is occurring during pregnancy. A 1989 Lassen County Alcohol and Drug random study at Lassen community hospital indicated that 9% of

- ♦ infants tested positive for methamphetamine.
- ♦ Lassen County has a higher percentage of pregnant women who did not access prenatal care in their first trimester when compared to the California average, (27.27% vs 20.4%).
- ♦ Lack of adequate parenting classes and parenting education were cited by respondents in the qualitative assessments of the MCAH Master Plan.

According to the Lassen County Child Care Council 1997 Needs Assessment, the following were the identified indicators and needs that pertain to Focus Area One of the Lassen County Children and Families First Commission Strategic Plan development:

- ♦ There is an identified need for more training opportunities for Child care providers. The most common areas of interest included behavior management, communication with parents and working with special needs children.
- ♦ The majority of childcare providers currently get their information from Child and Family Resources.
- ♦ Parents who called the Resource and Referral program are most often looking for childcare because of employment (85%) and school training (19%).

FOCUS AREA TWO: CHILDCARE AND EARLY EDUCATION

Improved Child Development: Children Ready for School

According to the Lassen County Child Care Council Needs Assessment of 1997 the following indicators and needs for the age 0 to 5 population were identified relative to Focus Area Two:

- ♦ Approximately 925 children ages 0-4 will need childcare outside of the Home in the year 2005.
- ♦ Approximately 581 children 5 years and younger are in childcare outside of the family.
- ♦ Approximately 60% of the children in childcare outside the home are in Family Child Care Homes and 40% are in Child Care Centers.
- ♦ There are 457 child care slots in Licensed Family Child Care Homes and Licensed Child Care Centers. Two hundred of these children are Receiving subsidized childcare. In addition, there are 62 Head Start slots in a day care center and two home based programs.
- ♦ There are 400 children on a child care waiting list who do not qualify for subsidized care. In addition, there are 25 to 30 children on the waiting list for Head Start.
- ♦ A parent survey conducted by the Child Care Planning Council in September, 1998 found that the majority of families who indicated they Needed child care were more likely to make less than \$10,000.00 per year.
- ♦ Approximately 408 families receiving TANF and Cal-Works

needed childcare assistance in 1999.

- ◆ The greatest need for child care was found to be in the Susanville area as it has the largest population. Families with children under 4 indicated the greatest need for childcare during the week for both part time and full time care.
- ◆ Those who need childcare most are those who fall at or below the federal poverty level.
- ◆ Over 24% of children under the age of 6 live at or below the poverty level in Lassen County.
- ◆ The average cost of childcare is \$1,560.00 annually for each child.
- ◆ There is a need for more childcare resources for infants and toddlers.
- ◆ The number of children in foster care continues to rise.
- ◆ Most childcare providers would like more training resources.
- ◆ Travel and the vast distances between the communities in Lassen County were seen as a possible barrier to obtaining childcare.

According to the Lassen County Maternal Child and Adolescent Health Plan, 2000-2004, the following indicators and needs were identified for the 0- 5 population relative to Focus Area Two:

- ◆ In 1997, there were 1,603 children between the ages of 0 to 4 (20.3%).
- ◆ The projected numbers of children between the ages of 0 to 4 for the year 2000 and 2004 are 1,813 and 1,928 respectively.
- ◆ In 1997 there were 328 live births to Lassen County residents leading to a birth rate of 9.7 births/1000 population. Fourteen of these births were teen moms (4.0%) seventeen years of age and younger many of whom are still enrolled in school at the time of giving birth and require childcare support to continue their education.
- ◆ Lassen County has more residents living in rural areas vs. urban areas than the California average, (74% vs. 7% statewide).

FOCUS AREA THREE: HEALTH AND WELLNESS **Improved Child Health: Healthy Children**

Data gathered from the Lassen County Maternal Child and Adolescent Health Master Plan, 2000-2005 and from the Lassen County Child Care Council 1997 Master Plan identify the following indicators and needs for Focus Area Three for the 0-5 population:

- ◆ Lassen County is Medically *under-served* and has limited health resources.
- ◆ Lassen County has more mothers who do not receive adequate prenatal care when compared to the California average.
- ◆ Lassen County has a strong indication of a higher rate of unintentional injuries to persons 0-24 years of age than the California average.
- ◆ In Lassen County, only 56% of Medi-Cal eligible children received timely well child check ups in 1997-1998.
- ◆ While there are dentists who accept Denti-Cal in Susanville and

Bieber, there is a shortage of dentists who will see children in the 0 to 5 age group. There is a problem with referrals to a Pedodontist who accepts Medi-Cal. The closest providers are Redding (2 hours one way) and in Paradise (3.5 hours one way).

- ◆ Data indicates that only 75% of Lassen County Children are up-to-date for their immunizations by age 2. Healthy People 2000 and 2010 goals are to have at least 90% of children up-to-date for their immunizations by age two.
- ◆ The closest Neonatal Intensive Care Unit is in Reno, Nevada, which because it is across state lines may involve difficulties in Medi-Cal or CCS reimbursement. The reimbursement rates are also very low.
- ◆ Some of the barriers to timely and adequate prenatal care as well as for dental services for children ages 0-5 are limited public and private transportation, geography, level of education and language and accessibility to physicians and dentists.
- ◆ According to a the Comprehensive Perinatal Outreach Plan, a blind toxicology screen program done in 1989 conducted collaboratively between the Lassen County Hospital and the Lassen County Drug and Alcohol Department showed that 9% of infants born at Lassen Community Hospital had positive toxicology screens, primarily for methamphetamine.
- ◆ The perception is that Lassen County's Mental Health Services are hard to access by adults and County Mental Health Services as well as private mental health services do not exist for the 0-5 aged population.
- ◆ Histories of incest are reported as common amongst pregnant teens but only 7% of pregnant teens reported receiving any counseling.

LASSEN COUNTY SERVICES AND GAPS IN SERVICES FOR THE AGE 0 TO 5 POPULATION

SERVICES	SUSANVILLE, HONEY LAKE VALLEY, MADELINE PLAINS	WESTWOOD	Bieber, Nubieber	Herlong, Doyle
PRENATAL CARE	X	X	X	X
PEDIATRICIANS	X			
FAMILY MD'S, NP'S, PA'S	X	X	X	X
HOSPITAL	X	X	X	
DENTAL SERVICES	X		X	
PEDODONTIST			X	
HEAD START	X	X		
PRESCHOOLS	X	X		X
CHILD CARE	X	X		X
CHILD CARE FOR ILL CHILDREN				
ASSISTED HOUSING	X	X		
SMOKING CESSATION	X	X		X
PERINATAL ALCOHOL & DRUG SERVICES	X	X		X
PUBLIC TRANSPORTATION	X	X		X
BIRTHING CLASSES	X	X		
BREAST FEEDING SUPPORT GROUPS	X	X		
FOOD STAMPS	X	X	X	X
CHDP EXAMS	X	X	X	X
INSURANCE (MEDI-CAL & HEALTHY FAMILIES)	X	X	X	X
WIC	X	X	X	X
TANF	X	*X	*X	*X
MENTAL HEALTH	X	X		X
JOB ASSISTANCE	X	*	*	*
COMMUNITY CENTER		X	X	X
LITERACY PROGRAMS	X			
PUBLIC LIBRARY	X	**	X	**
PARENT SUPPORT GROUPS	X			
PARENTING CLASSES	X			
FREE/LOW COST IMMUNIZATIONS	X	X	X	X

X = EXISTING SERVICE

* SERVICES NOT DIRECTLY PROVIDED IN THE COMMUNITY. IN ORDER FOR CLIENTS TO ACCESS SERVICES, THEY MUST TRAVEL TO SUSANVILLE.

** PART-TIME SERVICES ONLY

THE STRATEGIC PLAN

“The Act specifies that all county strategic plans shall describe how programs, services and projects relating to early childhood development within the county will be integrated into a consumer-oriented and easily accessible system. With California’s size and diversity, this accessibility logically must address geographic, cultural and linguistic barriers as well as financial and other barriers to care and services.”

The initial strategies developed by the Lassen Children and Families Commission are set forth in the following pages. The long range goals are derived from those adopted by the California Children and Families Commission on March 16, 2000. The bulk of the short term strategies are foundational in nature and when completed in the next 12 months will give rise to a comprehensive longer term plan of implementation. Of immediate concern is the dental health of Lassen County children. Early planning efforts will strive for a multi-county regional approach to children’s dental health services.

IMPROVED SYSTEMS FOR FAMILIES: INTEGRATED, ACCESSIBLE, INCLUSIVE AND CULTURALLY APPROPRIATE SERVICES

“THE ACT SPECIFIES THAT ALL COUNTY STRATEGIC PLANS SHALL DESCRIBE HOW PROGRAMS, SERVICES AND PROJECTS RELATING TO EARLY CHILDHOOD DEVELOPMENT WITHIN THE COUNTY WILL BE INTEGRATED INTO A CONSUMER-ORIENTED AND EASILY ACCESSIBLE SYSTEM. WITH CALIFORNIA’S SIZE AND DIVERSITY, THIS ACCESSIBILITY LOGICALLY MUST ADDRESS GEOGRAPHIC, CULTURAL AND LINGUISTIC BARRIERS AS WELL AS FINANCIAL AND OTHER BARRIERS TO CARE AND SERVICES.”

THE ULTIMATE GOAL OF THE LASSEN CHILDREN AND FAMILIES COMMISSION IS TO ACHIEVE THE FOLLOWING LONG TERM RESULTS (AS ADOPTED BY THE CALIFORNIA CHILDREN AND FAMILIES COMMISSION ON MACH 16, 2000.

- A. SERVICES REDUCE DISPARITIES IN HEALTH STATUS, SCHOOL READINESS, AND FAMILY FUNCTIONING ACROSS ETHNICITIES AND GEOGRAPHIC AREAS.
- B. CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES AND SPECIAL NEEDS SERVICES ARE INTEGRATED IN ALL SYSTEMS AND ARE ACCESSIBLE FOR FAMILIES WITH SPECIAL NEEDS AND DIVERSE CULTURAL AND LINGUISTIC BACKGROUNDS.
- C. FAMILIES CAN IDENTIFY A SINGLE POINT OF ENTRY TO ALL SERVICES THEY NEED TO SUPPORT THEIR CHILDREN
- D. CLIENT SERVICE INFORMATION IS INTEGRATED AND SHARED IN A RESPECTFUL AND CONFIDENTIAL MANNER.
- E. INVESTMENTS ARE DIRECTED TOWARD EFFECTIVE PRACTICES.
- F. PARENTS AND RESIDENTS TAKE ACTION TO SUPPORT THEIR CHILDREN’S AND THEIR COMMUNITIES’ OVER ALL HEALTH.

GOAL	OBJECTIVE	STRATEGIES	INDICATORS	SHORT TERM RESULTS	LONG TERM RESULTS
TO INCREASE INTEGRATION OF SERVICES VIA UNIVERSAL ENTRY REGARDLESS OF ETHNIC, GEOGRAPHIC, OR SOCIOECONOMIC STATUS, INTEGRATION OF SERVICES	INCREASE OPPORTUNITIES FOR INPUT	DEVELOP A WEB SITE WITH APPROPRIATE MECHANISMS FOR COMMUNICATION	JOINT COMMUNITY PLANNING EFFORTS AND DECISIONS ON REVENUE MAXIMIZATION AND FUND ALLOCATIONS	INCREASED SERVICE INTEGRATION INCREASED SERVICE INTEGRATION	INVESTMENTS ARE DIRECTED TOWARD EFFECTIVE PRACTICES. SERVICES REDUCE DISPARITIES IN HEALTH STATUS, SCHOOL READINESS, AND FAMILY FUNCTIONING ACROSS ETHNICITIES AND GEOGRAPHIC AREAS.
	ENCOURAGE THE COORDINATED DELIVERY OF SERVICES AND THE SHARING OF INFORMATION ACROSS AGENCY BOUNDARIES IN ORDER TO REDUCE FRAGMENTATION AND DUPLICATION OF EFFORT.	LOCATE AND ATTEND MEETINGS OF OTHER COLLABORATIVES FOCUSED ON TARGET POPULATION. EDUCATE ABOUT PROP 10 GOALS AND PHILOSOPHIES. REQUEST INTEGRATION OF PROP 10 GOALS AND PHILOSOPHIES INTO OTHER EXISTING COLLABORATIVES AND ULTIMATELY THE DEVELOPMENT OF MOU’S DOCUMENTING INTEGRATION.	INCREASED NUMBER OF AGENCIES AND GROUPS COLLABORATING TO PROVIDE INTEGRATED SERVICES THAT HAVE SIGNED MOU’S WITH CORE PLAYERS OUTLINING THEIR GOALS AND ROLES. THIS INCLUDES ADDRESSING SUCH ISSUES AS FACILITATION OF UNIVERSAL ENTRY INTO THE SERVICE SYSTEM, COORDINATED SERVICE DELIVERY, SHARED INFORMATION AND NON-DUPLICATION OF EFFORT.	INCREASED POLICY MAKERS’ KNOWLEDGE ABOUT COMMUNITY RESOURCES/NEEDS ASSESSMENTS, RESEARCH ON INTEGRATED SYSTEMS AND EFFECTIVE PRACTICES, AND RESULTS-BASED ACCOUNTABILITY.	

IMPROVED SYSTEMS FOR FAMILIES: INTEGRATED, ACCESSIBLE, INCLUSIVE AND CULTURALLY APPROPRIATE SERVICES

GOAL	OBJECTIVE	STRATEGIES	INDICATORS	SHORT TERM RESULTS	LONG TERM RESULTS
INCREASED CULTURAL COMPETENCE IN SERVICE PROVISION	INCREASED DISSEMINATION OF INFORMATION IN SPANISH LANGUAGE.	ASSESS PROGRAMS AVAILABLE IN BILINGUAL PLATFORMS.	INCREASE THE NUMBER AND TYPES OF CHILD AND FAMILY SERVICES AVAILABLE IN LOCALLY APPROPRIATE LANGUAGES OTHER THAN ENGLISH .	INCREASED CULTURAL COMPETENCE IN THE PROVISION OF SERVICES TO THE TARGET POPULATION	CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES AND SPECIAL NEEDS SERVICES ARE INTEGRATED IN ALL SYSTEMS AND ARE ACCESSIBLE FOR FAMILIES WITH SPECIAL NEEDS AND DIVERSE CULTURAL AND LINGUISTIC BACKGROUNDS.
	INCREASE THE LEVEL OF AWARENESS OF SERVICES PROVIDERS TO CULTURES OF OTHER ETHNIC POPULATIONS, I.E. NATIVE AMERICAN, ETC.	ASSESS AVAILABILITY OF DIVERSITY TRAININGS EDUCATE ABOUT PROP 10 GOALS AND PHILOSOPHIES.	INCREASE THE NUMBER AND TYPES OF CULTURAL DIVERSITY TRAINING AVAILABLE AND DELIVERED TO PROVIDERS OF SERVICES TO CHILDREN AND FAMILIES.		
INCREASED ACCESSIBILITY OF SERVICES	TO INCREASE THE AVAILABILITY OF TRANSPORTATION		TRANSPORTATION SERVICES AVAILABLE FOR RESIDENTS OF ALL COMMUNITIES MORE FAMILIES UTILIZE SERVICES IN ALL COMMUNITIES	POOLED RESOURCES TO ADDRESS ROOT CAUSES AND COMMUNITY CONDITIONS. USE OF CENTRALIZED RESOURCES, SUCH AS REGISTRIES AND DATABASES. INCREASED RATE OF DATA COLLECTION, ANALYSIS, AND REPORTING BY ETHNICITY, GENDER, GEOGRAPHIC AREA AND OTHER SIGNIFICANT SUB-GROUPS.	FAMILIES CAN IDENTIFY A SINGLE POINT OF ENTRY TO ALL SERVICES THEY NEED TO SUPPORT THEIR CHILDREN.
	TO INCREASE THE LEVEL OF KNOWLEDGE ABOUT AVAILABLE SERVICES		MORE FAMILIES UTILIZE SERVICES IN ALL COMMUNITIES	ADVOCACY FOR INVESTMENT IN SYSTEM IMPROVEMENTS THROUGH IDENTIFICATION OF BEST PRACTICES.	

IMPROVED SYSTEMS FOR FAMILIES: INTEGRATED, ACCESSIBLE, INCLUSIVE AND CULTURALLY APPROPRIATE SERVICES

GOAL	OBJECTIVE	STRATEGIES	INDICATORS	SHORT TERM RESULTS	LONG TERM RESULTS
	<p>TO INCREASE THE AMOUNT OF DATA AVAILABLE TO ALLOW TRACKING THE HEALTH AND WELLNESS OF CHILDREN PRENATAL TO AGE 5 AND THEIR FAMILIES.</p> <p>TO CENTRALIZE THE DELIVERY OF SERVICES TO TARGET POPULATION.</p>	<p>IMPLEMENT CHILD HEALTH SCORECARD PROJECT</p> <p>RESEARCH EXISTING DATA COLLECTION SYSTEMS UTILIZED BY SERVICE PROVIDERS.</p> <p>RESEARCH FAMILY RESOURCE CENTER CONCEPT</p>		<p>INCREASED SERVICE CAPACITY IN UNDER SERVED AREA AND AMONG UNDER SERVED POPULATION GROUPS.</p> <p>INCREASE THE NUMBER OF FAMILIES WHO HAVE ACCESS TO SERVICES THROUGH DEVELOPMENT OF CONVENIENTLY LOCATED SERVICE SITES, CO-LOCATION WITH OTHER SERVICE PROVIDERS AND COMMUNITY-BASED SERVICE PROVIDERS AND COMMUNITY-BASED ORGANIZATIONS, OR MULTI-DISCIPLINARY HOME-BASED SERVICES</p> <p>INCREASED AVAILABILITY OF SERVICES TO WORKING FAMILIES THROUGH FLEXIBLE SCHEDULING.</p>	

IMPROVED SYSTEMS FOR FAMILIES: INTEGRATED, ACCESSIBLE, INCLUSIVE AND CULTURALLY APPROPRIATE SERVICES

GOAL	OBJECTIVE	STRATEGIES	INDICATORS	SHORT TERM RESULTS	LONG TERM RESULTS
INCREASED PUBLIC ENGAGEMENT IN POLICY	INCREASE THE NUMBER OF CONSUMERS INVOLVED IN COLLABORATIVE ENVIRONMENTS WITH PROVIDERS AND POLICY MAKERS	<p>ENCOURAGE THE PROVISION AND INTEGRATION OF PARENT AND PROFESSIONAL TRAINING IN EXISTING COLLABORATIVES.</p> <p>ADVERTISE OPPORTUNITIES FOR CONSUMERS TO BECOME INVOLVED IN COLLABORATION.</p>	<p>NUMBER OF SERVICE RECIPIENTS PARTICIPATING ON POLICY BOARDS AND IN PROGRAM IMPLEMENTATION.</p> <p>NUMBER AND FREQUENCY OF PUBLIC INPUT OPPORTUNITIES (SUCH AS PUBLIC FORUMS, FOCUS GROUPS, SURVEYS).</p>	INCREASED PUBLIC ENGAGEMENT IN POLICY	PARENTS AND RESIDENTS TAKE ACTION TO SUPPORT THEIR CHILDREN'S AND THEIR COMMUNITIES' OVERALL HEALTH.

IMPROVED FAMILY FUNCTIONING: STRONG FAMILIES

“THE 1998 CHILDREN AND FAMILIES ACT ENVISIONS STRONG FAMILIES THAT ARE ABLE TO PROVIDE FOR THE PHYSICAL, MENTAL AND EMOTIONAL DEVELOPMENT OF CHILDREN AS THE FOUNDATION FOR THEIR SUCCESS. THIS INCLUDES A FOCUS AREA ON PARENT EDUCATION AND SUPPORT SERVICES.”

THE ULTIMATE GOAL OF THE LASSEN CHILDREN AND FAMILIES COMMISSION IS TO ACHIEVE THE FOLLOWING LONG TERM RESULTS:

- A. PARENTS ARE KNOWLEDGEABLE ABOUT AND PRACTICE HEALTHY BEHAVIOR PRIOR TO AND DURING PREGNANCY.
- B. PARENTS PROVIDE EFFECTIVE AND NURTURING NEWBORN AND INFANT CARE.
- C. PARENTS ARE KNOWLEDGEABLE ABOUT CHILD DEVELOPMENT AND PRACTICE EFFECTIVE PARENTING SKILLS.
- D. PARENTS ARE KNOWLEDGEABLE ABOUT AND PROVIDE THEIR CHILDREN WITH HEALTHY DIETS AND PHYSICAL ACTIVITY.
- E. FEWER TEENAGERS HAVE BABIES AND PARENTING TEENAGERS DELAY SUBSEQUENT PREGNANCIES.
- F. CHILDREN ARE SAFE IN THEIR HOMES AND THEIR COMMUNITIES.
- G. FAMILIES ARE SAFE IN THEIR COMMUNITIES.
- H. FAMILIES ARE SELF-SUFFICIENT IN AREAS TARGETED BY THE LOCAL INITIATIVE
- I. CHILDREN ARE IN ENVIRONMENTS FREE OF TOBACCO AND OTHER SUBSTANCE ABUSE.

GOAL	OBJECTIVE	STRATEGIES	INDICATORS	SHORT TERM RESULTS	LONG TERM RESULTS
THROUGH SUPPORT, EDUCATION, INFORMATION AND SERVICES, PARENTS, CARE GIVERS AND POTENTIAL PARENTS WILL USE THEIR UNDERSTANDING OF THE DEVELOPMENTAL AND HEALTH NEEDS OF CHILDREN AND THE DEMANDS OF PREGNANCY AND PARENTING TO CREATE SAFE AND NURTURING ENVIRONMENTS FOR CHILDREN	INCREASE THE NUMBER OF PARENTS WHO ACCESS SUPPORT AND EDUCATIONAL OFFERINGS	<p>COLLABORATE WITH EXISTING HOME VISITING PROGRAMS TO INTEGRATE PARENTING SKILLS INFORMATION</p> <p>INTEGRATE RESOURCE AND PARENTING SKILLS INFORMATION INTO MEDIA CAMPAIGN</p> <p>COLLABORATE WITH TRANSPORTATION COMMISSION TO EXPLORE TRANSPORTATION OPPORTUNITIES TO PARENTING CLASSES.</p> <p>EXPLORE THE PROVISION OF CHILD CARE DURING PARENTING CLASSES</p> <p>DEVELOP PARENT EDUCATION KIT FOR DISSEMINATION IN A VARIETY OF ENVIRONMENTS.</p>	<p>NUMBER OF PARENT EDUCATION OPPORTUNITIES DELIVERED THROUGH OTHER MEANS.</p> <p>NUMBER OF PARENTS RECEIVING PARENTING EDUCATION MATERIALS/KITS AT THE TIME OF THEIR CHILD'S BIRTH, AT ROUTINE CHECKUPS AND DOCTOR/CLINIC VISITS.</p> <p>NUMBER OF FAMILIES RECEIVING APPROPRIATE REFERRALS, VOLUNTARY INTERVENTIONS, AND FAMILY SUPPORT SERVICES (E.G. TOBACCO AND OTHER SUBSTANCE ABUSE TREATMENT, PARENTING ASSISTANCE, JOB PREPARATION SUPPORTS)</p>	INCREASED CAPACITY TO PROVIDE PARENTING EDUCATION	<p>PARENTS ARE KNOWLEDGEABLE ABOUT AND PRACTICE HEALTHY BEHAVIOR DURING PREGNANCY.</p> <p>PARENTS PROVIDE EFFECTIVE AND NURTURING NEWBORN AND INFANT CARE</p> <p>PARENTS ARE KNOWLEDGEABLE ABOUT CHILD DEVELOPMENT AND PRACTICE EFFECTIVE PARENTING SKILLS</p>

IMPROVED FAMILY FUNCTIONING: STRONG FAMILIES

GOAL	OBJECTIVE	STRATEGIES	INDICATORS	SHORT TERM RESULTS	LONG TERM RESULTS
INCREASE CAPACITY TO PROVIDE PARENT SUPPORT SERVICES	INCREASE THE AVAILABILITY OF INFORMATION ABOUT CESSATION PROGRAMS	COLLABORATE WITH TOBACCO USE REDUCTION PROJECT TO EXTEND INFORMATION AND REFERRAL SERVICES REGARDING TOBACCO CESSATION TO FAMILIES OF TARGET CHILDREN.	NUMBER OF PARENTS ACCESSING SERVICES. NUMBER OF PROVIDERS TRAINED TO ADDRESS TOBACCO ISSUES.	INCREASED CAPACITY TO PROVIDE PARENT SUPPORT SERVICES	CHILDREN ARE IN ENVIRONMENTS FREE OF TOBACCO AND OTHER SUBSTANCE ABUSE.

IMPROVED CHILD DEVELOPMENT

“THE IMPORTANCE OF PREPARING CHILDREN TO SUCCEED IN SCHOOL IS CRITICAL. SKILLS THAT ALLOW ONE TO PROBLEM SOLVE AND THINK CREATIVELY ARE DEVELOPED IN EARLY CHILDHOOD EDUCATION SETTINGS AND NURTURED THROUGH COMMUNITY AND PARENTAL REINFORCEMENT. THIS INCLUDES A FOCUS AREA ON CHILD CARE AND EARLY EDUCATION.”

THE ULTIMATE GOAL OF THE LASSEN CHILDREN AND FAMILIES COMMISSION IS TO ACHIEVE THE FOLLOWING LONG TERM RESULTS :

- A. CHILDREN RECEIVE QUALITY CHILD CARE (AS DEFINED BY PROVIDER TRAINING, ADEQUATE COMPENSATION, ADULT TO CHILD RATIOS, GROUP SIZE, LACK OF STAFF TURNOVER, PHYSICAL FACILITY, AFFORDABLE FEES, AND DEVELOPMENTALLY APPROPRIATE ACTIVITIES.
- B. INFANTS AND TODDLER, INCLUDING THOSE WITH DEVELOPMENTAL DELAYS AND SPECIAL NEEDS, HAVE ACCESS TO AND RECEIVE QUALITY EARLY CARE.
- C. CHILDREN ENTER KINDERGARTEN “READY FOR SCHOOL”.
- D. CHILDREN IN ELEMENTARY GRADES ATTEND SCHOOL REGULARLY.
- E. CHILDREN SUCCESSFULLY COMPLETE FIRST GRADE WITHOUT BEING RETAINED.
- F. CHILDREN ARE READING BY THE THIRD GRADE.
- G. PARENTS ARE KNOWLEDGEABLE ABOUT QUALITY CHILD CARE AND AVAILABLE OPTIONS.

GOAL	OBJECTIVE	STRATEGIES	INDICATORS	SHORT TERM RESULTS	LONG TERM RESULTS
TO PREPARE CHILDREN TO SUCCEED IN SCHOOL	INCREASE THE AVAILABILITY OF QUALITY AFFORDABLE CHILD CARE AND PRESCHOOLS WHERE NONE EXIST	COLLABORATE WITH LASSEN CHILD CARE PLANNING COUNCIL TO SEE HOW CHILD CARE OPPORTUNITIES AND PRESCHOOL OPPORTUNITIES CAN BE ENHANCED	NUMBER OF PRESCHOOL AND CHILD CARE PROVIDERS	INCREASED CAPACITY TO SERVE INFANTS AND CHILDREN IN LICENSED AND ACCREDITED CHILD CARE FACILITIES INCREASED SUPPORTS AND EDUCATIONAL OPPORTUNITIES FOR ALL CHILD CARE PROVIDERS INCREASED ACCESS TO LICENSED FAMILY CHILD CARE AND CENTER-BASED EARLY CHILD CARE FOR CHILDREN INCREASED CAPACITY TO SERVE CHILDREN WITH SPECIAL NEEDS INCREASED READINESS FOR KINDERGARTEN	

IMPROVED CHILD HEALTH

“CHILDREN WHO ARE HEALTHY IN MIND, BODY AND SPIRIT, GROW UP CONFIDENT OF THEIR ABILITY TO LIVE A FULFILLING PRODUCTIVE LIFE. THIS INCLUDES A FOCUS AREA ON HEALTH AND WELLNESS.”

THE ULTIMATE GOAL OF THE LASSEN CHILDREN AND FAMILIES COMMISSION IS TO ACHIEVE THE FOLLOWING LONG TERM RESULTS:

- A. CHILDREN ARE BORN HEALTHY AND AT HEALTHY BIRTH WEIGHT
- B. CHILDREN ARE HEALTHY AND WELL NOURISHED.
- C. ALL CHILDREN RECEIVE PREVENTIVE AND ONGOING REGULAR HEALTH, MENTAL HEALTH AND DENTAL CARE.
- D. DURING PREGNANCY, WOMEN REFRAIN FROM USE OF TOBACCO, DRUGS AND ALCOHOL
- E. CHILDREN ARE FREE OF INJURIES-INTENTIONAL AND UNINTENTIONAL
- F. CHILDREN ARE IN SAFE AND HEALTHY ENVIRONMENTS

GOAL	OBJECTIVE	STRATEGIES	INDICATORS	SHORT TERM RESULTS	LONG TERM RESULTS
TO IMPROVE THE OVERALL HEALTH OF CHILDREN PRENATAL TO AGE FIVE IN LASSEN COUNTY	INCREASE ACCESS TO DENTAL SERVICES	CREATE A MULTI-COUNTY FORUM SO THAT DENTAL PROVIDERS, EXPERTS, CONSUMERS, AND ALLIED SERVICE PROVIDERS CAN COLLABORATE AND BUILD A REGIONAL PLAN TO ADDRESS CHILD DENTAL HEALTH	NUMBER OF COLLABORATORS COLLABORATIVE PLAN INCREASED NUMBER OF CHILDREN BEING SERVED	INCREASED HEALTH SERVICE CAPACITY IN PROPOSITION 10 TARGET AREAS INCREASED MATERNAL ACCESS TO PERINATAL HEALTH CARE SERVICES	ALL CHILDREN RECEIVE PREVENTIVE AND ONGOING REGULAR HEALTH, MENTAL HEALTH AND DENTAL CARE.
	INCREASE COLLABORATION AROUND BUILDING STRATEGIES TO ADDRESS OTHER HEALTH INDICATORS, I.E., MENTAL HEALTH, INJURY PREVENTION, MATERNAL HEALTH, CHILD DEVELOPMENT, ETC.,)	COLLABORATE WITH MATERNAL CHILD AND ADOLESCENT HEALTH ADVISORY BOARD TO SEE HOW OTHER HEALTH OPPORTUNITIES CAN BE ENHANCED	COLLABORATIVE PLANS	INCREASED CHILD ACCESS TO HEALTH, MENTAL HEALTH AND DENTAL SERVICES INCREASED CHILD ACCESS TO EARLY SCREENING AND EARLY INTERVENTION FOR DEVELOPMENTAL DELAYS AND OTHER SPECIAL NEEDS	
	INCREASE INTEGRATION OF EDUCATION ABOUT TOBACCO, ALCOHOL AND DRUGS, AND THE HEALTH RISKS ASSOCIATED THEREWITH.	COLLABORATE WITH TOBACCO USE REDUCTION PROJECT AND ALCOHOL AND DRUG PROJECTS TO EXTEND INFORMATION AND REFERRAL SERVICES REGARDING TOBACCO, ALCOHOL AND DRUGS, TO TARGET FAMILIES.	NUMBER OF PARENTS ACCESSING CESSATION/TREATMENT SERVICES. NUMBER OF PROVIDERS TRAINED TO ADDRESS TOBACCO, ALCOHOL AND DRUG ISSUES.	INCREASED FAMILY ACCESS TO SMOKING, ALCOHOL AND SUBSTANCE ABUSE CESSATION/TREATMENT SUPPORTS	

IMPROVED CHILD HEALTH

GOAL	OBJECTIVE	STRATEGIES	INDICATORS	SHORT TERM RESULTS	LONG TERM RESULTS
	INCREASE INTEGRATION OF EDUCATION ABOUT NUTRITION AND EXERCISE	COLLABORATE WITH MCAH	NUMBER OF PARENTS ACCESSING INFORMATION NUMBER OF PROVIDERS TRAINED TO ADDRESS NUTRITION AND EXERCISE	INCREASED CHILD ACCESS TO GOOD NUTRITION AND EXERCISE INCREASED CHILD ACCESS TO HEALTHY AND SAFE ENVIRONMENTS	
	INCREASE INTEGRATION OF EDUCATION ABOUT INJURY PREVENTION AND SAFE ENVIRONMENTS	COLLABORATION WITH MCAH	NUMBER OF PARENTS ACCESSING INFORMATION NUMBER OF PROVIDERS TRAINED TO ADDRESS INJURY PREVENTION AND SAFE ENVIRONMENTS		

ALLOCATIONS AND FINANCIAL PLAN

Lassen County will receive an estimated \$300,000 per year from revenues derived from Proposition 10. The increase on tobacco products went into effect on January 1, 1999 and revenues have been accruing since that time. The allocation plan will serve as the guideline for funding and implementation of the strategic plan. The overall goal of the allocation plan is to maximize the benefits of Proposition 10 funding for children prenatal to five years of age and their families.

The Commission is aware that achieving the goals and objectives will require several years. During this time the Commission will support the expansion and modification of the existing infrastructure(s) for children's services prenatal to five years of age. Support for community capacity building and county wide collaboration of service providers will be enhanced through increased use of technology, evaluation and a request for proposal process to be identified in detail by the Commission during fiscal year 2000-2001.

Planning for allocating funding to specific initiatives within the more general funding categories will be addressed by the Commission as they work through a prioritization process during their first year of work.

Guiding Principles: Commission funds will not be used to supplant current expenditures, but rather to supplement, enhance or to fund new programs, services and infrastructure needed to create a consumer friendly, comprehensive, and integrated system of early childhood development programs. To the maximum extent possible Proposition 10 funds will be used as leverage to obtain other resources needed to meet the goals and objectives of the strategic plan. Funding shall be based on priorities to be set by the Commission, which shall take into account the need to

- ▶ Address the needs of the children in all of Lassen County's Communities;
- ▶ The need to keep administrative costs to a minimum,
- ▶ The need to fund a quality evaluation component;
- ▶ The need for an organized and professional media campaign;
- ▶ The need to distribute funding equitably across the program components and priorities;
- ▶ The need to create a level playing field amongst applicants for funding;
- ▶ The need to fund projects which will support the goals and objectives of the strategic plan;
- ▶ The need to fund projects which show evidence of effectiveness in addressing the goals and objectives of the strategic plan;
- ▶ Fund projects which clearly need funding from the Commission;
- ▶ The need to move toward service integration, accessibility, collaboration and comprehensive services;
- ▶ The need to fund projects which are responsive to the diverse need of the children and families in this County;
- ▶ The need to fund projects which are supported by community input; and
- ▶ The need to fund projects that will build on community strengths, will build capacity and will reap long-term benefits to the children and families in each of Lassen's County's communities including meeting the special needs population in our County.

During fiscal year 2000-2001, the Commission will develop a detailed funding and allocation plan. The more detailed plan will address:

- Applicant funding requirements;
- Guidelines by which the Commission will make funding awards;
- How the Commission will support program sustainability while still investing in new programs; and,
- Procedures for dedicating unspent funds in a reserve account.

The Commission will utilize a combination of funding mechanisms to achieve its goals and objectives set forth in the strategic plan. Those to be considered are Request for Proposals, mini-grants, contracts for service and direct delivery of services where appropriate.

The Funding Allocation Plan is based upon a projected available funds of \$300,000 per year. This is a conservative estimate of the amount of money that will be available in the Children and Families Trust Fund on June 30,2000. This Plan allows for the expenditure of funds accumulated from program inception to the end of fiscal year 1999-2000. Any excess amount will remain invested in interest accounts and carried over into fiscal year 2000-2001.

PROJECTED ANNUAL BUDGET 2000-2001

STRATEGY AREA	First Year Allocation	
	Percentage	Amount
IMPROVED SYSTEMS FOR FAMILIES	10%	\$ 30,000
Increased Integration of Services		
Increased Cultural Competence		
Increased Accessibility of Services		
Increased Public Engagement in Policy		
Child Health Score Card Project		
IMPROVED FAMILY FUNCTIONING	10%	\$ 30,000
Dissemination of Parenting Skills Information		
Local Media Campaign		
Collaboration with Transportation Commission		
Parent Education Kit		
Collaboration with Tobacco Use		
Reduction Project to extend information		
and referral services		
IMPROVED CHILD DEVELOPMENT	10%	\$ 30,000
Increase the availability of quality affordable		
child care and preschools where none exist		
IMPROVED CHILD HEALTH	10%	\$ 30,000
Increase access to dental services		
Increase collaboration to address other health		
indicators		
Increase integration of education about tobacco		
alcohol and other drugs		
Increase integration of education about		
Nutrition and exercise		
ADMINISTRATION	10%	\$ 30,000
RESERVES	50%	\$150,000
TOTALS	100%	\$300,000

RESULTS ACCOUNTABILITY

Accountability is critically important to the long term success of implemented strategies. This results-based accountability plan will give us an effective way to determine the extent to which our efforts affect the kinds of changes we are striving for. Our evaluation strategies are intended to provide us with a continual flow of information on unmet needs, where fragmentation still exists, which services or projects are having the best outcomes, and the degree to which we are meeting the changing needs of the target population.

It is intended that our evaluation efforts will utilize data to create a continuously improving system of care that seeks to find better ways to deliver services to young children and their families.

The Evaluation Department of Diversified Management is responsible for results accountability. All entities receiving funds from the Commission will be required to participate in the development of a results accountability plan and in data collection unique to their programs.

Goals:

- Determine the effectiveness of programs, services and systems supported by Proposition 10 funds.
- Increase providers capabilities to evaluate services.
- Provide continuous information to the Commission and the community on the status of services of young children and their families in Lassen County.

Strategies:

- Institute protocols for the collection of outcome data.
- Analyze data.
- Provide annual results accountability reports to the Commission.

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APPENDICES

Appendix Number

ONE	Proposition 10 – 1998 California Children and Families Act
TWO	Prop 10 Needs Assessment – Parent Survey Analysis
THREE	Prop 10 Needs Assessment – Provider Survey Analysis
FOUR	Community Meeting Summary – Bieber
FIVE	Community Meeting Summary – Westwood
SIX	Community Meeting Summary – Susanville
SEVEN	Lassen Children and Families Commission Bylaws
EIGHT	County Ordinance Establishing Commission

APPENDIX ONE

PROPOSITION 10 1998 CALIFORNIA CHILDREN AND FAMILIES ACT FULL TEXT OF THE LAW

This initiative measure is submitted to the people in accordance with the provisions of Article II, Section 8 of the California Constitution.

This initiative measure expressly amends the California Constitution by adding sections thereto, and adds sections to the Health and Safety Code and the Revenue and Taxation Code. New provisions proposed to be added are printed in italic type to indicate they are new.

CALIFORNIA CHILDREN AND FAMILIES COMMISSION INITIATIVE

SECTION 1. Title. This measure shall be known and may be cited as the "California Children and Families Commission Act of 1998."

SEC. 2. Findings and Declarations. The people find and declare as follows:

(a) There is a compelling need in California to create and implement a comprehensive, collaborative, and integrated system of information and services to promote, support, and optimize early childhood development from the prenatal stage to five years of age.

(b) There is a further compelling need in California to ensure that early childhood development programs and services are universally and continuously available for children until the beginning of kindergarten. Proper parenting, nurturing, and health care during these early years will provide the means for California's children to enter school in good health, ready and able to learn, and emotionally well developed.

(c) It has been determined that a child's first three years are the most critical in brain development, yet these crucial years have inadvertently been neglected. Experiences that fill the child's first three years have a direct and substantial impact not only on brain development but on subsequent intellectual, social, emotional, and physical growth.

(d) The seminal Starting Points report by the Carnegie Corporation of New York concludes that "how children function from the preschool years all the way through adolescence, and even adulthood, hinges in large part on their experiences before the age of three."

(e) New research from many sources, including the Carnegie Corporation, the Baylor College of Medicine, and the White House Conference on Early Childhood Development, demonstrates that the capacity of a child's brain grows more during the first three years than at any other time.

(f) The Education Commission of the States' report on the results of neuroscience research associated with early childhood development states: "Too many infants are born with problems that hinder their start in life. Damage that occurs to the embryo during critical growth times may lead to irreversible disabilities."

(g) California taxpayers spend billions of dollars on public education each year, yet there are

few programs designed specifically to help prepare children to enter school in good health, ready and able to learn, and emotionally well developed. Children who succeed in school are far more likely to engage in meaningful social, economic, and civic participation as adults and to avoid the use of tobacco and other addictive substances.

(h) Dollars spent now on well-coordinated programs that enable children to begin school healthy, ready and able to learn, and emotionally well developed will save billions of dollars in remedial programs, treatment services, social services, and our criminal justice system.

(i) The well-being of California's infants and children is endangered. Each year, tens of thousands of children are born exposed to tobacco, drugs, and alcohol. Cigarette smoking and other tobacco use by pregnant women and new parents represent a significant threat to the healthy development of infants and young children. Smoking is the leading preventable cause of death and disease in California.

(j) Studies published by the American Lung Association state: "Smoking during pregnancy accounts for an estimated 20 to 30 percent of low birth weight babies, up to 14 percent of preterm deliveries, and some 10 percent of all infant deaths. Maternal smoking has been linked to asthma among infants and young children."

(k) Research and studies demonstrate that low birth weight infants are particularly at risk for severe physical and developmental complications.

(l) Studies by the federal Environmental Protection Agency demonstrate an increased risk of sudden infant death syndrome (SIDS) in infants of mothers who smoke. The federal Environmental Protection Agency also estimates that second hand smoke is responsible for between 150,000 and 300,000 lower respiratory tract infections in infants and children under 18 months of age annually, resulting in between 7,500 and 15,000 hospitalizations each year.

(m) The California Children and Families Commission Act of 1998 addresses these issues by facilitating the creation of a seamless system of integrated and comprehensive programs and services, and a funding base for the system with program and financial accountability, that will:

(1) Establish community-based programs to provide parental education and family support services relevant to effective childhood development. These services shall include education and skills training in nurturing and in avoidance of tobacco, drugs, and alcohol during pregnancy. Emphasis will be on services not provided by existing programs and on the consolidation of existing programs and new services provided pursuant to this act into an integrated system from the consumer's perspective.

(2) Educate the public, using mass media, on the importance and the benefits of nurturing, health care, family support, and child care; and inform involved professionals and the general public about programs that focus on early childhood development.

(3) Educate the public, using mass media, on the dangers caused by smoking and other tobacco use by pregnant women to themselves and to infants and young children, and the dangers of second hand smoke to all children.

(4) Encourage pregnant women and parents of young children to quit smoking.

(n) A 50-cent-per-pack increase in the state surtax on cigarettes and an equivalent increase in the state surtax on tobacco products to fund anti-smoking and early childhood development programs is necessary, appropriate, and in the public interest.

SEC. 3. Section 7 is added to Article XIII A of the Constitution, to read:

SEC. 7. Section 3 of this article does not apply to the California Children and Families Commission Act of 1998.

SEC. 4. Section 13 is added to Article XIII B of the Constitution, to read:

SEC. 13. "Appropriations subject to limitation" of each entity of government shall not include appropriations of revenue from the California Children and Families Commission Trust Fund created by the California Children and Families Commission Act of 1998. No adjustment in the appropriations limit of any entity of government shall be required pursuant to Section 3 as a result of revenue being deposited in or appropriated from the California Children and Families Commission Trust Fund. The surtax created by the California Children and Families Commission Act of 1998 shall not be considered General Fund revenues for the purposes of Section 8 of Article XVI.

SEC. 5. Division 108 (commencing with Section 130100) is added to the Health and Safety Code, to read:

**DIVISION 108. CALIFORNIA CHILDREN AND
FAMILIES FIRST PROGRAM**

130100. There is hereby created a program in the state for the purposes of promoting, supporting, and improving the early development of children from the prenatal stage to five years of age. These purposes shall be accomplished through the establishment, institution, and coordination of appropriate standards, resources, and integrated and comprehensive programs emphasizing community awareness, education, nurturing, child care, social services, health care, and research.

(a) It is the intent of this act to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development. This system should function as a network that promotes accessibility to all information and services from any entry point into the system. It is further the intent of this act to emphasize local decision making, to provide for greater local flexibility in designing delivery systems, and to eliminate duplicate administrative systems.

(b) The programs authorized by this act shall be administered by the California Children and Families Commission and by county children and families first commissions. In administering this act, the state and county commissions shall use outcome-based accountability to determine future expenditures.

(c) This division shall be known and may be cited as the "California Children and Families Commission Act of 1998."

130105. The California Children and Families Commission Trust Fund is hereby created in the State Treasury.

(a) The California Children and Families Commission Trust Fund shall consist of moneys collected pursuant to the taxes imposed by Section 30131.2 of the Revenue and Taxation Code.

(b) All costs to implement this act shall be paid from moneys deposited in the California Children and Families Commission Trust Fund.

(c) The State Board of Equalization shall determine within one year of the passage of this act the effect that additional taxes imposed on cigarettes and tobacco products by this act has on the consumption of cigarettes and tobacco products in this state. To the extent that a decrease in consumption is determined by the State Board of Equalization to be the direct result of additional taxes imposed by this act, the State Board of Equalization shall determine the fiscal effect the decrease in consumption has on the funding of any Proposition 99 (the Tobacco Tax and Health Protection Act of 1988) state health-related education or research programs in effect as of November 1, 1998, and the Breast Cancer Fund programs that are funded by excise taxes on cigarettes and tobacco products. Funds shall be transferred from the California Children and Families Commission Trust Fund to those affected programs as necessary to offset the revenue decrease directly resulting from the imposition of additional taxes by this act. Such reimbursements shall occur, and at such times, as determined necessary to further the intent of this subdivision.

(d) Moneys shall be allocated and appropriated from the California Children and Families Commission Trust Fund as follows:

(1) Twenty percent shall be allocated and appropriated to separate accounts of the state commission for expenditure according to the following formula:

(A) Six percent shall be deposited in a Mass Media Communications Account for expenditures for communications to the general public utilizing television, radio, newspapers, and other mass media on subjects relating to and furthering the goals and purposes of this act, including, but not limited to, methods of nurturing and parenting that encourage proper childhood development, the informed selection of child care, information regarding health and social services, the prevention of tobacco, alcohol, and drug use by pregnant women, and the detrimental effects of secondhand smoke on early childhood development.

(B) Five percent shall be deposited in an Education Account for expenditures for programs relating to education, including, but not limited to, the development of educational materials, professional and parental education and training, and technical support for county commissions in the areas described in subparagraph (A) of paragraph (1) of subdivision (b) of Section 130125.

(C) Three percent shall be deposited in a Child Care Account for expenditures for programs relating to child care, including, but not limited to, the education and training of child care providers, the development of educational materials and guidelines for child care workers, and other areas described in subparagraph (B) of paragraph (1) of subdivision (b) of Section 130125.

(D) Three percent shall be deposited in a Research and Development Account for expenditures for the research and development of best practices and standards for all programs and services relating to early childhood development established pursuant to this act, and for the assessment and quality evaluation of such programs and services.

(E) One percent shall be deposited in an Administration Account for expenditures for the

administrative functions of the state commission.

(F) Two percent shall be deposited in an Unallocated Account for expenditure by the state commission for any of the purposes of this act described in Section 130100 provided that none of these moneys shall be expended for the administrative functions of the state commission.

(G) In the event that, for whatever reason, the expenditure of any moneys allocated and appropriated for the purposes specified in subparagraphs (A) to (F), inclusive, is enjoined by a final judgment of a court of competent jurisdiction, then those moneys shall be available for expenditure by the state commission for mass media communication emphasizing the need to eliminate smoking and other tobacco use by pregnant women, the need to eliminate smoking and other tobacco use by persons under 18 years of age, and the need to eliminate exposure to secondhand smoke.

(H) Any moneys allocated and appropriated to any of the accounts described in subparagraphs (A) to (F), inclusive, that are not encumbered or expended within any applicable period prescribed by law shall (together with the accrued interest on the amount) revert to and remain in the same account for the next fiscal period.

(2) Eighty percent shall be allocated and appropriated to county commissions in accordance with Section 130140.

(A) The moneys allocated and appropriated to county commissions shall be deposited in each local Children and Families Commission Trust Fund administered by each county commission, and shall be expended only for the purposes authorized by this act and in accordance with the county strategic plan approved by each county commission.

(B) Any moneys allocated and appropriated to any of the county commissions that are not encumbered or expended within any applicable period prescribed by law shall (together with the accrued interest on the amount) revert to and remain in the same local Children and Families Commission Trust Fund for the next fiscal period under the same conditions as set forth in subparagraph (A).

(e) All grants, gifts, or bequests of money made to or for the benefit of the state commission from public or private sources to be used for early childhood development programs shall be deposited in the California Children and Families Commission Trust Fund and expended for the specific purpose for which the grant, gift, or bequest was made. The amount of any such grant, gift, or bequest shall not be considered in computing the amount allocated and appropriated to the state commission pursuant to paragraph (1) of subdivision (d).

(f) All grants, gifts, or bequests of money made to or for the benefit of any county commission from public or private sources to be used for early childhood development programs shall be deposited in the local Children and Families Commission Trust Fund and expended for the specific purpose for which the grant, gift, or bequest was made. The amount of any such grant, gift, or bequest shall not be considered in computing the amount allocated and appropriated to the county commissions pursuant to paragraph (2) of subdivision (d).

130110. There is hereby established a California Children and Families Commission composed of seven voting members and two ex officio members.

(a) The voting members shall be selected, pursuant to Section 130115, from persons with knowledge, experience, and expertise in early child development, child care, education, social services, public health, the prevention and treatment of tobacco and other substance abuse, behavioral health, and medicine (including, but not limited to, representatives of statewide medical and pediatric associations or societies), upon consultation with public and private sector associations, organizations, and conferences composed of professionals in these fields.

(b) The Secretary of Health and Welfare and the Secretary of Child Development and Education, or their designees, shall serve as ex officio nonvoting members of the state commission.

130115. The Governor shall appoint three members of the state commission, one of whom shall be designated as chairperson. One of the Governor's appointees shall be either a county health officer or a county health executive. The Speaker of the Assembly and the Senate Rules Committee shall each appoint two members of the state commission. Of the members first appointed by the Governor, one shall serve for a term of four years, and two for a term of two years. Of the members appointed by the Speaker of the Assembly and the Senate Rules Committee, one appointed by the Speaker of the Assembly and the Senate Rules Committee shall serve for a period of four years with the other appointees to serve for a period of three years. Thereafter, all appointments shall be for four-year terms. No appointee shall serve as a member of the state commission for more than two four-year terms.

130120. The state commission shall, within three months after a majority of its voting members have been appointed, hire an executive director. The state commission shall thereafter hire such other staff as necessary or appropriate. The executive director and staff shall be compensated as determined by the state commission, consistent with moneys available for appropriation in the Administration Account. All professional staff employees of the state commission shall be exempt from civil service. The executive director shall act under the authority of, and in accordance with the direction of, the state commission.

130125. The powers and duties of the state commission shall include, but are not limited to, the following:

(a) Providing for statewide dissemination of public information and educational materials to members of the general public and to professionals for the purpose of developing appropriate awareness and knowledge regarding the promotion, support, and improvement of early childhood development.

(b) Adopting guidelines for an integrated and comprehensive statewide program of promoting, supporting, and improving early childhood development that enhances the intellectual, social, emotional, and physical development of children in California.

(1) The state commission's guidelines shall, at a minimum, address the following matters:

(A) Parental education and support services in all areas required for, and relevant to, informed and healthy parenting. Examples of parental education shall include, but are not limited to, prenatal and postnatal infant and maternal nutrition, education and training in newborn and infant care and nurturing for optimal early childhood development, parenting and other necessary skills, child abuse prevention, and avoidance of tobacco, drugs, and alcohol during pregnancy. Examples of parental support services shall include, but are not limited to, family support centers offering an

integrated system of services required for the development and maintenance of self-sufficiency, domestic violence prevention and treatment, tobacco and other substance abuse control and treatment, voluntary intervention for families at risk, and such other prevention and family services and counseling critical to successful early childhood development.

(B) The availability and provision of high quality, accessible, and affordable child care, both in-home and at child care facilities, that emphasizes education, training and qualifications of care providers, increased availability and access to child care facilities, resource and referral services, technical assistance for care givers, and financial and other assistance to ensure appropriate child care for all households.

(C) The provision of child health care services that emphasize prevention, diagnostic screenings, and treatment not covered by other programs; and the provision of prenatal and postnatal maternal health care services that emphasize prevention, immunizations, nutrition, treatment of tobacco and other substance abuse, general health screenings, and treatment services not covered by other programs.

(2) The state commission shall conduct at least one public hearing on its proposed guidelines before they are adopted.

(3) The state commission shall, on at least an annual basis, periodically review its adopted guidelines and revise them as may be necessary or appropriate.

(c) Defining the results to be achieved by the adopted guidelines, and collecting and analyzing data to measure progress toward attaining such results.

(d) Providing for independent research, including the evaluation of any relevant programs, to identify the best standards and practices for optimal early childhood development, and establishing and monitoring demonstration projects.

(e) Soliciting input regarding program policy and direction from individuals and entities with experience in early childhood development, facilitating the exchange of information between such individuals and entities, and assisting in the coordination of the services of public and private agencies to deal more effectively with early childhood development.

(f) Providing technical assistance to county commissions in adopting and implementing county strategic plans for early childhood development.

(g) Reviewing and considering the annual audits and reports transmitted by the county commissions and, following a public hearing, adopting a written report that consolidates, summarizes, analyzes, and comments on those annual audits and reports.

(h) Applying for gifts, grants, donations, or contributions of money, property, facilities, or services from any person, corporation, foundation, or other entity, or from the state or any agency or political subdivision thereof, or from the federal government or any agency or instrumentality thereof, in furtherance of a statewide program of early childhood development.

(i) Entering into such contracts as necessary or appropriate to carry out the provisions and purposes of this act.

(j) Making recommendations to the Governor and the Legislature for changes in state laws, regulations, and services necessary or appropriate to carry out an integrated and comprehensive program of early childhood development in an effective and cost-efficient manner.

130130. Procedures for the conduct of business by the state commission not specified in this act shall be contained in bylaws adopted by the state commission. A majority of the voting members of the state commission shall constitute a quorum. All decisions of the state commission, including the hiring of the executive director, shall be by a majority of four votes.

130135. Voting members of the state commission shall not be compensated for their services, except that they shall be paid reasonable per diem and reimbursement of reasonable expenses for attending meetings and discharging other official responsibilities as authorized by the state commission.

130140. Any county or counties developing, adopting, promoting, and implementing local early childhood development programs consistent with the goals and objectives of this act shall receive moneys pursuant to paragraph (2) of subdivision (d) of Section 130105 in accordance with the following provisions:

(a) For the period between January 1, 1999 and June 30, 2000, county commissions shall receive the portion of the total moneys available to all county commissions equal to the percentage of the number of births recorded in the relevant county (for the most recent reporting period) in proportion to the entire number of births recorded in California (for the same period), provided that each of the following requirements has first been satisfied:

(1) The county's board of supervisors has adopted an ordinance containing the following minimum provisions:

(A) The establishment of a county children and families first commission. The county commission shall be appointed by the board of supervisors and shall consist of at least five but not more than nine members.

(i) Two members of the county commission shall be from among the county health officer and persons responsible for management of the following county functions: children's services, public health services, behavioral health services, social services, and tobacco and other substance abuse prevention and treatment services.

(ii) One member of the county commission shall be a member of the board of supervisors.

(iii) The remaining members of the county commission shall be from among the persons described in clause (i) and persons from the following categories: recipients of project services included in the county strategic plan; educators specializing in early childhood development; representatives of a local child care resource or referral agency, or a local child care coordinating group; representatives of a local organization for prevention or early intervention for families at risk; representatives of community-based organizations that have the goal of promoting nurturing and early childhood development; representatives of local school districts; and representatives of local medical, pediatric, or obstetric associations or societies.

(B) The manner of appointment, selection, or removal of members of the county commission, the duration and number of terms county commission members shall serve, and any other matters

that the board of supervisors deems necessary or convenient for the conduct of the county commission's activities, provided that members of the county commission shall not be compensated for their services, except they shall be paid reasonable per diem and reimbursement of reasonable expenses for attending meetings and discharging other official responsibilities as authorized by the county commission.

(C) The requirement that the county commission adopt an adequate and complete county strategic plan for the support and improvement of early childhood development within the county.

(i) The county strategic plan shall be consistent with, and in furtherance of the purposes of, this act and any guidelines adopted by the state commission pursuant to subdivision (b) of Section 130125 that are in effect at the time the plan is adopted.

(ii) The county strategic plan shall, at a minimum, include the following: a description of the goals and objectives proposed to be attained; a description of the programs, services, and projects proposed to be provided, sponsored, or facilitated; and a description of how measurable outcomes of such programs, services, and projects will be determined by the county commission using appropriate reliable indicators. No county strategic plan shall be deemed adequate or complete until and unless the plan describes how programs, services, and projects relating to early childhood development within the county will be integrated into a consumer-oriented and easily accessible system.

(iii) The county commission shall, on at least an annual basis, be required to periodically review its county strategic plan and to revise the plan as may be necessary or appropriate.

(D) The requirement that the county commission conduct at least one public hearing on its proposed county strategic plan before the plan is adopted.

(E) The requirement that the county commission conduct at least one public hearing on its periodic review of the county strategic plan before any revisions to the plan are adopted.

(F) The requirement that the county commission submit its adopted county strategic plan, and any subsequent revisions thereto, to the state commission.

(G) The requirement that the county commission prepare and adopt an annual audit and report pursuant to Section 130150. The county commission shall conduct at least one public hearing prior to adopting any annual audit and report.

(H) The requirement that the county commission conduct at least one public hearing on each annual report by the state commission prepared pursuant to subdivision (b) of Section 130150.

(I) Two or more counties may form a joint county commission, adopt a joint county strategic plan, or implement joint programs, services, or projects.

(2) The county's board of supervisors has established a county commission and has appointed a majority of its members.

(3) The county has established a local Children and Families Commission Trust Fund pursuant to subparagraph (A) of paragraph (2) of subdivision (d) of Section 130105.

(b) Notwithstanding any provision of this act to the contrary, no moneys made available to county commissions under subdivision (a) shall be expended to provide, sponsor, or facilitate any programs, services, or projects for early childhood development until and unless the county commission has first adopted an adequate and complete county strategic plan that contains the provisions required by clause (ii) of subparagraph (C) of paragraph (1) of subdivision (a).

(c) In the event that any county elects not to participate in the California Children and Families Commission Program, the moneys remaining in the California Children and Families Commission Trust Fund shall be reallocated and reappropriated to participating counties in the following fiscal year.

(d) For the fiscal year commencing on July 1, 2000, and for each fiscal year thereafter, county commissions shall receive the portion of the total moneys available to all county commissions equal to the percentage of the number of births recorded in the relevant county (for the most recent reporting period) in proportion to the number of births recorded in all of the counties participating in the California Children and Families Commission Program (for the same period), provided that each of the following requirements has first been satisfied:

(1) The county commission has, after the required public hearings, adopted an adequate and complete county strategic plan conforming to the requirements of subparagraph (C) of paragraph (1) of subdivision (a), and has submitted the plan to the state commission.

(2) The county commission has conducted the required public hearings, and has prepared and submitted all audits and reports required pursuant to Section 130150.

(3) The county commission has conducted the required public hearings on the state commission annual reports prepared pursuant to subdivision (b) of Section 130150.

(e) In the event that any county elects not to continue participation in the California Children and Families Commission Program, any unencumbered and unexpended moneys remaining in the local Children and Families Commission Trust Fund shall be returned to the California Children and Families Commission Trust Fund for reallocation and reappropriation to participating counties in the following fiscal year.

130145. The state commission and each county commission shall establish one or more advisory committees to provide technical and professional expertise and support for any purposes that will be beneficial in accomplishing the purposes of this act. Each advisory committee shall meet and shall make recommendations and reports as deemed necessary or appropriate.

130150. On or before October 15 of each year, the state commission and each county commission shall conduct an audit of, and issue a written report on the implementation and performance of, their respective functions during the preceding fiscal year, including, at a minimum, the manner in which funds were expended, the progress toward, and the achievement of, program goals and objectives, and the measurement of specific outcomes through appropriate reliable indicators.

(a) The audits and reports of each county commission shall be transmitted to the state commission.

(b) The state commission shall, on or before January 31 of each year, prepare a written report

that consolidates, summarizes, analyzes, and comments on the annual audits and reports submitted by all of the county commissions for the preceding fiscal year. This report by the state commission shall be transmitted to the Governor, the Legislature, and each county commission.

(c) The state commission shall make copies of each of its annual audits and reports available to members of the general public on request and at no cost. The state commission shall furnish each county commission with copies of those documents in a number sufficient for local distribution by the county commission to members of the general public on request and at no cost.

(d) Each county commission shall make copies of its annual audits and reports available to members of the general public on request and at no cost.

130155. The following definitions apply for purposes of this act:

(a) "Act" means the California Children and Families Commission Act of 1998.

(b) "County commission" means each county children and families first commission established in accordance with Section 130140.

(c) "County strategic plan" means the plan adopted by each county children and families first commission and submitted to the California Children and Families Commission pursuant to Section 130140.

(d) "State commission" means the California Children and Families Commission established in accordance with Section 130110.

SEC. 6. Article 3 (commencing with Section 30131) is added to Chapter 2 of Part 13 of Division 2 of the Revenue and Taxation Code, to read:

Article 3. California Children and Families Commission Trust Fund Account

30131. Notwithstanding Section 30122, the California Children and Families Commission Trust Fund is hereby created in the State Treasury for the exclusive purpose of funding those provisions of the California Children and Families Commission Act of 1998 that are set forth in Division 108 (commencing with Section 130100) of the Health and Safety Code.

30131.1. The following definitions apply for purposes of this article:

(a) "Cigarette" has the same meaning as in Section 30003, as it read on January 1, 1997.

(b) "Tobacco products" includes, but is not limited to, all forms of cigars, smoking tobacco, chewing tobacco, snuff, and any other articles or products made of, or containing at least 50 percent, tobacco, but does not include cigarettes.

30131.2. (a) In addition to the taxes imposed upon the distribution of cigarettes by Article 1 (commencing with Section 30101) and Article 2 (commencing with Section 30121) and any other taxes in this chapter, there shall be imposed an additional surtax upon every distributor of cigarettes at the rate of twenty-five mills (\$0.025) for each cigarette distributed.

(b) In addition to the taxes imposed upon the distribution of tobacco products by Article 1

(commencing with Section 30101) and Article 2 (commencing with Section 30121), and any other taxes in this chapter, there shall be imposed an additional tax upon every distributor of tobacco products, based on the wholesale cost of these products, at a tax rate, as determined annually by the State Board of Equalization, which is equivalent to the rate of tax imposed on cigarettes by subdivision (a).

30131.3. Except for payments of refunds made pursuant to Article 1 (commencing with Section 30361) of Chapter 6, reimbursement of the State Board of Equalization for expenses incurred in the administration and collection of the taxes imposed by Section 30131.2, and transfers of funds in accordance with subdivision (c) of Section 130105 of the Health and Safety Code, all moneys raised pursuant to the taxes imposed by Section 30131.2 shall be deposited in the California Children and Families Commission Trust Fund and are continuously appropriated for the exclusive purpose of the California Children and Families Commission Program established by Division 108 (commencing with Section 130100) of the Health and Safety Code.

30131.4. All moneys raised pursuant to taxes imposed by Section 30131.2 shall be appropriated and expended only for the purposes expressed in the California Children and Families Commission Act, and shall be used only to supplement existing levels of service and not to fund existing levels of service. No moneys in the California Children and Families Commission Trust Fund shall be used to supplant state or local General Fund money for any purpose.

30131.5. The annual determination required of the State Board of Equalization pursuant to subdivision (b) of Section 30131.2 shall be made based on the wholesale cost of tobacco products as of March 1, and shall be effective during the state's next fiscal year.

30131.6. The taxes imposed by Section 30131.2 shall be imposed on every cigarette and on tobacco products in the possession or under the control of every dealer and distributor on and after 12:01 a.m. on January 1, 1999, pursuant to rules and regulations promulgated by the State Board of Equalization.

SEC. 7. Effective date. Notwithstanding the imposition of the taxes authorized by Section 30131.2 of the Revenue and Taxation Code as of January 1, 1999, this act shall take effect and become operative on the date that the Secretary of State certifies the results of the election at which this act was approved.

SEC. 8. Amendment. This act may be amended only by a vote of two-thirds of the membership of both houses of the Legislature. All amendments to this act shall be to further the act and must be consistent with its purposes.

SEC. 9. Liberal construction. The provisions of this act shall be liberally construed to effectuate its purposes of promoting, supporting, and improving early childhood development from the prenatal stage to five years of age.

SEC. 10. No conflict with other laws. The provisions of this act are intended to be in addition to and not in conflict with any other initiative measure that may be adopted by the people at the November 1998 election, and the provisions of this act shall be interpreted and construed so as to avoid conflicts with any such measure whenever possible.

SEC. 11. Severability. If any provision of this act, or part thereof, is for any reason held to be invalid or unconstitutional, the remaining provisions shall not be affected, but shall remain in full force and effect, and to this end the provisions of this act are severable.

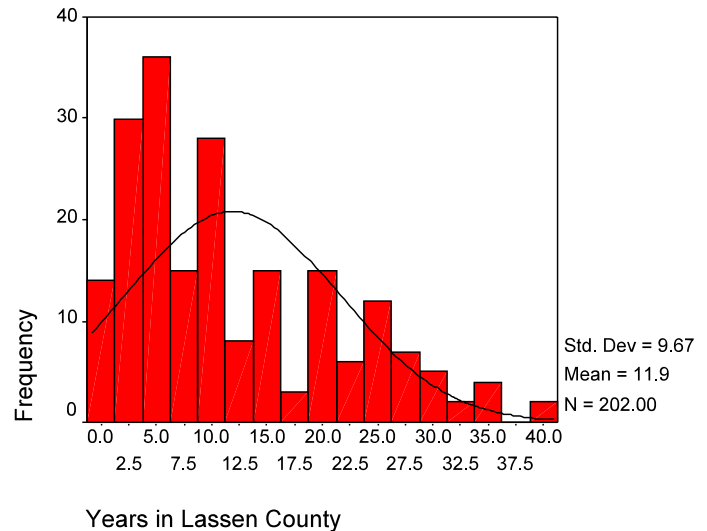
APPENDIX TWO

Prop 10 Needs Assessment Parent Survey Analysis

Descriptives:

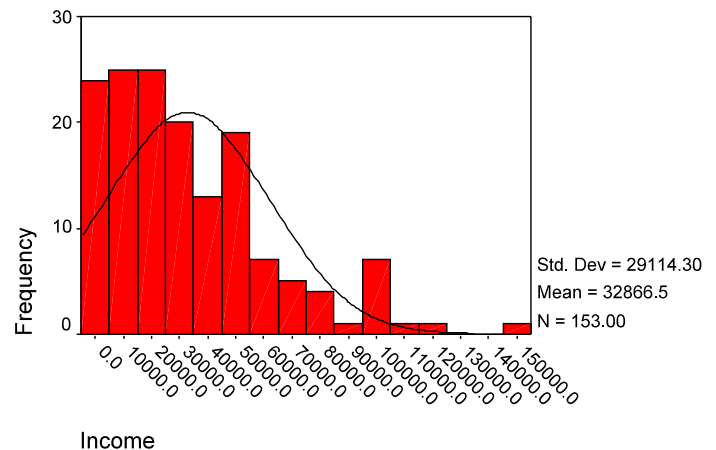
- Average length of time in Lassen County = 11.88 years
- Average number of people in household = 4.14
- Sum of the number of people in households = 861
- Average number of children age 5 and under living in household = 1.52
- Total number of children age 5 and under in households surveyed = 315
- Average number of children age 5 and under expected to enter household within the next year = .41
- Total number of children age 5 and under expected to enter household within the next year = 79
- Average number of children in household between 6 and 18 = .88
- Total number of children in household between the ages of 6 and 18 = 165
- Average number of hours worked in a workweek = 29.2
- Average age of respondents = 29.5
- Average annual income of respondents = \$32,866.
- Minimum income = \$100
- Maximum income = \$150,000
- Median income = \$26,000
- Average number of hours per week children are in child care = 21.77
- 91.2% of the respondents indicated that they were the primary care giver
- Last grade completed in percentiles

Length in Lassen County



Prop 10 Survey

Annual Income



Some Grade School	Some High School	Graduated from High School/GE D	Technical/Vocational School	Some College	Graduated College	Graduate Degree	Don't Know/Refused
.5%	8.2%	24.6%	11.1%	33.8%	15%	5.8%	1.0%

- Marital Status by percent

Married	Living w/partner	Single	Divorced	Separated	Widowed	Other	Don't know/refused
64.6%	13%	13.5%	5.3%	2.9%	0%	1%	0%

- Employment Status

Full Time	Part Time	Unemployed	Retired	Student	Homemaker	Other
35.4%	22.8%	13.1%	0%	3.9%	23.8%	1.0%

- Ethnicity

• Black/African American	1.5%
• White/Anglo	78.3%
• Asian	1.0%
• Hispanic/Latino	7.4%
• Native American	6.9%
• Other	2.5%
• Refused	2.5%

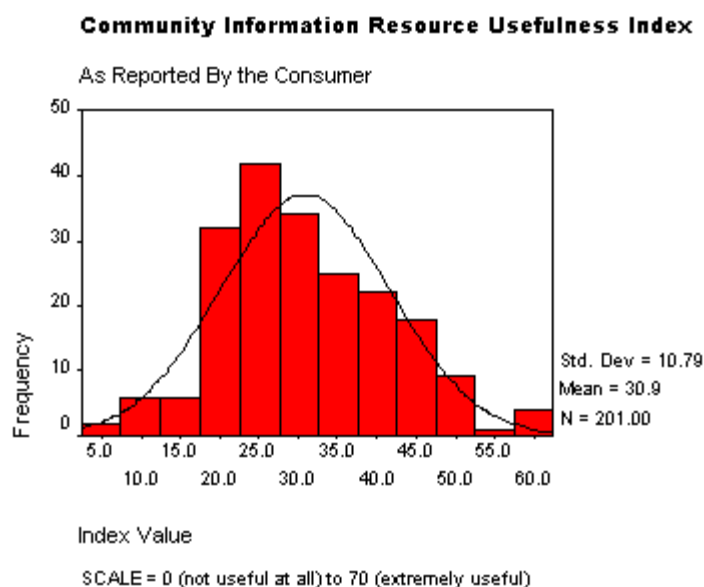
Respondents by Zip Code

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	96009	1	.4	.5	.5
	96020	1	.4	.5	1.0
	96054	1	.4	.5	1.5
	96059	1	.4	.5	2.0
	96109	13	5.8	6.4	8.4
	96110	1	.4	.5	8.9
	96113	7	3.1	3.5	12.4
	96114	10	4.4	5.0	17.3
	96117	2	.9	1.0	18.3
	96128	15	6.6	7.4	25.7
	96130	135	59.7	66.8	92.6
	96137	15	6.6	7.4	100.0
	Total	202	89.4	100.0	
Missing	System	24	10.6		
Total		226	100.0		

Findings

- Approximately 50% of the respondents agree that they rely on their doctor for information on raising their children. At the same time, 50% disagreed.
- Approximately 57% of the respondents agree that they rely on their friends and family for information on raising their children.
- Only 18.4% of the respondents feel that they do not have enough information on raising their children.
- Only 20.2% feel that they need more help raising their children.
- 23.4% believe that there are not enough parenting classes

- 32.5% believe that there is not enough assistance with finding a job.
- 31.1% believe that there is not enough housing assistance.
- 19.6% believe that there is not enough help with child support or alimony.
- 11.1% believe that there is not enough home visits by health care practitioners and social workers.
- 21.6% indicate that there is not enough individual or family counseling.
- 14.85 indicated that there was not enough resources to help stop smoking.
- 21% indicated that there were not enough Head start programs. Areas outside of Susanville were more likely to feel this way.
- 35.9% indicated a lack of public transportation. People living in Susanville were more likely to indicate that they did not need public transportation.
- 52.9% indicated that there is not enough child care resources.
- Only 14.1% indicated that there were enough mental health services.
- 52.5% indicated enough medical services and 35.8% indicated not enough services.
- Only 7.5% indicated that there were enough resources for special needs children including physical, developmental, and emotional disorders.
- 35.4% indicated that there is not enough resources for child care when a child is sick.
- 28% indicated that there is not enough child care for children with special needs. 43% responded that they did not need these services, and 29% did not know.
- 45.4% indicated that child care was not available during the time they needed it.
- 51% indicated that there was not enough affordable child care.
- 49.5% indicated not enough quality child care.
- 44.2% indicated not enough child care near their home.
- 38% indicated not enough child care near work.
- Those people who currently have child care were generally happy with the quality, price, and hours of their day care provider.
- Respondents residing in the 96130 area code are more likely to have children in child care currently.
- 73.1% indicated that they currently use child care during days on weekdays.
- Of those who currently use child care, 23.7% use licensed family child care, 11.2% use unlicensed family child care, 15.8% use a private preschool or child care center, 25% use a public preschool or child care center, 2% use a special education preschool, and 12.5% use a care giver in their home.
- 80% indicated that they need child care during days on weekdays. (93.4% of the data was missing.)
- Pre-schools were the only source of getting information that was rated as being extremely or very useful. Doctors offices were listed as being somewhat useful. All other resources, were not very useful or not at all useful
- The community information usefulness index showed an average usefulness rating of 30.87 on an index ranging from 14 (not at all useful) to 70 (extremely useful).



- 36.4% indicated that someone in their household smoked.
- 35.15 indicated that someone used alcohol in their household.
- 41.4% indicated that they had Medi-Cal insurance and 55.1% indicated that they had private insurance.

APPENDIX THREE

Prop 10 Needs Assessment Provider Survey Analysis

Descriptives:

- Average length of service = 19.39 years
- An average of 35.85 kids are served per month
- 48.9% provide some type of child care
- Type of Child Care provided by percentage

Licensed Family child Care	Unlicensed Family child Care	Private Preschool or child Care Center	Public Preschool or Child care Center	Special Education Preschool	Care giver in Your Home
4.3%	21.7%	39.1%	13.0%	0	21.7%

- 63.8% of providers are public, 4.3% are Private for Profit, 29.8% are Private not for Profit, and 2.1% are other.

Findings:

- 78.7% agree that clients have a regular doctor that they trust.
- 57% agree that clients go for regular check ups
- 53.2% agree that clients have access to services they can afford
- 63% agree that mothers received regular medical care during pregnancy
- 35.5% disagree that clients have access when they need it
- 55.8% believe that clients do not have the information they need for their family's health care.
- 64.6% believe that families rely on their doctor for most information on raising children
- 87.1% believe that families rely on their family and friends for most information on raising children
- 81.3% believe that families do not have enough information on raising children
- 91.7% believe that the majority of families they see need more help raising children.
- With the exceptions of Head Start programs and Government assistance like WIC, food stamps or CalWorks, 60 to 80% of the providers believe that there are not enough services available to clients. (Refer to survey q14 to 39)
- The average number of hours that Child Care Providers believe the majority of their client's children spend in day care a week is 16.54 hours.
- Child Care Usage:

Weekdays/ Days	Weekdays/ Evenings	Weekends/ Days	Weekends/ Evenings	Weekdays & Weekends /Days	Weekdays & Weekends/ Evenings	Other
79.1%	4.7%	0%	4.7%	2.3%	0%	9.3%

- Child Care Need

Weekdays/ Days	Weekdays/ Evenings	Weekends/ Days	Weekends/ Evenings	Weekdays & Weekends /Days	Weekdays & Weekends/ Evenings	Other
66.7%	4.8%	2.4%	0%	4.8%	4.8%	11.9%

- The providers see the following as useful in obtaining information about raising children:

Doctor's Offices

A Social Service Office

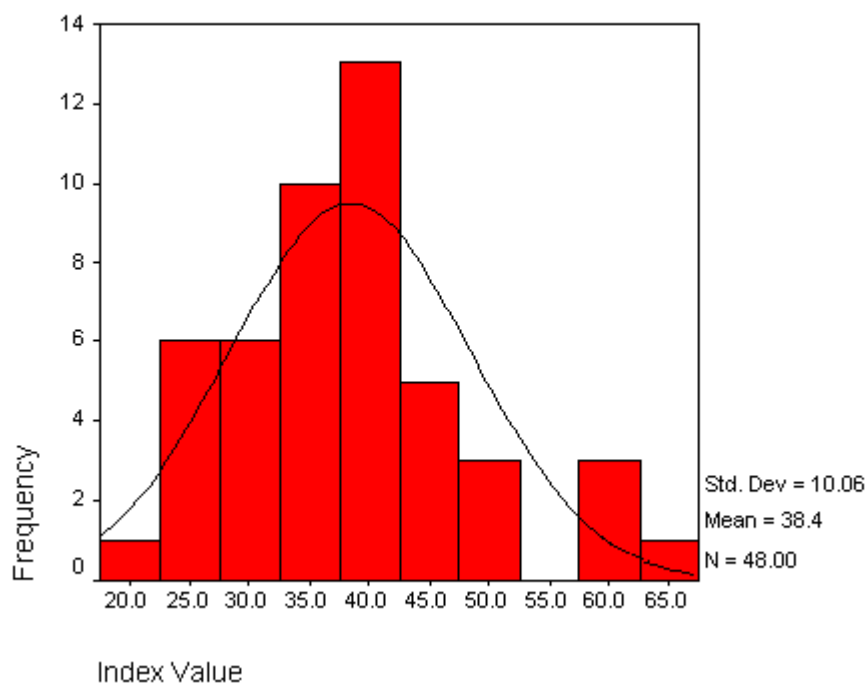
An Informal Parent Group or Children's Play Group

A Social Worker or Public Health Professional Visiting a Home

A Community Member or Neighbor Visiting a Home.

Of all of these A Social Worker or Public Health Professional visiting the home was seen as the most useful. All other forms of receiving information were seen as moderately useful.

Community Resource Usefulness Index



- The average score on the Community Resource Usefulness Index was 38.4 on a scale of 7 to 70.
- An average of 1.96 children live in the households of the families that the providers work with.
- 39.6% of the providers indicated that most of the families they work with had someone who smoked living in the home with children under the age of 5.
- 47.9% of the providers indicated that some of the families that they worked with have someone in the home who uses alcohol.
- 36.2% of the providers indicated that few of the families that they work with have insurance.

APPENDIX FOUR

LASSEN CHILDREN AND FAMILIES COMMISSION **Community Meeting and Public Forum Summary** **Bieber, California, May 18,2000, 6:00 p.m. - 8:00 p.m.**

The Lassen Children and Families Commission sponsored a community forum in Bieber, California at the Veteran's Memorial Hall. The ideas and information gathered is essential to the development of a strategic plan by the Commission that targets the provision of services for children birth to the age of five, and pregnant women. Twenty-three residents of Bieber and neighboring communities attended the forum. The purpose of the meeting was to obtain information from the residents of Northern Lassen County concerning their needs and assets in the areas of:

- **Improved Family Functioning:** Envisions strong families that are able to provide for the physical, mental and emotional development of children as the foundation for their success. This includes a focus area on parent education and support services.
- **Improved Child Development:** The importance of preparing children to succeed in school is critical. Skills that allow one to problem solve and think creatively are developed in early childhood education settings and nurtured through community and parental reinforcement. This includes a focus area on child care and early education.
- **Improved Child Health:** Children who are healthy in mind, body and spirit, grow up confident of their ability to live a fulfilling productive life. This includes a focus area on health and wellness. The following is a summary of the comments from this meeting:

Three questions were asked in each of the above focus areas:

Question: What are the needs and resources that the Commission must consider as they develop a strategic plan for quality early childhood development services in Lassen County?

Question: What are the existing resources that we can build on?

Question: What are your ideas about things that can be done without any new money?

COMMUNITY MEMBERS OF BIEBER AND NEIGHBORING COMMUNITIES SAY . . .

THIS IS WHAT WE NEED, WHAT WE HAVE THAT IS WORKING, AND WHAT WE CAN DO WITHOUT ADDITIONAL FUNDS, TO SUPPORT FAMILY FUNCTIONING AND DEVELOP STRONG FAMILIES:

“A Continuum of Parent Education and Support”

NEEDS:

- Preschool
- Day Care
- Bilingual Services
- Interpreters
- Parenting Classes that teach child development and appropriate child care
- Parenting Classes for Teen Moms
- Effective Mental Health Counseling
- Drug and Alcohol Counseling
- Swimming Lessons
- Increased information about resources, health programs, what's available
- Increased outreach (perhaps via home visiting)
- Increased access to social services
- Headstart, Early Start
- Language Classes, both English and Spanish
- Public Transportation, low cost or free (especially to Preschools -- if there was one)
- More available programs for medical, dental, vision
- Opthomologist
- Closer (In Town) Pharmacy
- Closer Clinic that is open late and on weekends
- Tutors for children from ages one to five
- Bigger and Better Park
- Less paperwork with an interpreter available at all times, 24 hours per day

WHAT'S WORKING:

- Migrant Education

WHAT WE CAN DO WITHOUT ADDITIONAL FUNDS:

- Work closely with our County Supervisor

THIS IS WHAT WE NEED, WHAT WE HAVE THAT IS WORKING, AND WHAT WE CAN DO WITHOUT ADDITIONAL FUNDS TO SUPPORT IMPROVED CHILD DEVELOPMENT:

“Children Learning and Ready for School”

NEEDS:

- A Preschool/combination Day Care with Parent Involvement, curriculum that is developmentally appropriate.
- An umbrella agency to administer funds and facilitate the development of a preschool/daycare combination program.
- Training on how to develop a preschool/daycare program
- A facility

WHAT'S WORKING:

- Nothing

WHAT CAN BE DONE WITHOUT ADDITIONAL FUNDING:

- Ask for training from Lassen Child Care Council about development of Preschool/Day Care Programs.
- Work closely with County Supervisor regarding the multi-agency development of services brought locally.

**THIS IS WHAT WE NEED, WHAT WE HAVE THAT IS WORKING, AND WHAT WE CAN DO
WITHOUT ADDITIONAL FUNDS TO SUPPORT IMPROVED CHILD HEALTH:
"Healthy Children"**

NEEDS:

- Increased parental knowledge about basic hygiene and parent supervision
- Increased vision care
- Preventive Dental Care
- More school nursing
- Increased access to prenatal services for working poor
- Breakfast at schools
- Swimming Classes
- Playground equipment

THIS IS WHAT IS WORKING:

- WIC
- EAPC (While it lasts)
- Existing Health Programs
- Existing Dental Programs

WHAT CAN BE DONE WITHOUT ADDITIONAL FUNDING:

- Unknown – No ideas

SUMMARY

A concluding discussion with the meeting participants appeared to express the need for a

Family Resource Center

to serve as the collaborative nucleus (umbrella agency) that would be the infrastructure and facility in which many services could be developed and provided to the communities. Such a facility could house a Preschool, a Day Care, allied medical services, parenting classes, and

additionally other county services such as social services, alcohol and drug services, and mental health services could be provided. It also seemed that the consensus of the group that

Bilingual Services

are greatly needed in the communities. Additionally the strategic plan that the Commission is developing was requested to be presented in both Spanish and English.

At the end of the evening, a question was asked, how can the Commission keep in touch with the citizens of Northern Lassen County? Responses included:

Hold the Commission Meeting occasionally in Bieber
Have the Commission Director present at meetings in Bieber
Advertise the minutes/Director's Updates in the following newspapers:
Mountain Echo
Modoc Record
Herald News (Klamath Falls)

APPENDIX FIVE

LASSEN CHILDREN AND FAMILIES COMMISSION **Community Meeting and Public Forum Summary** **Westwood, California, May 25,2000, 6:00 p.m. - 8:00 p.m.**

The Lassen Children and Families Commission sponsored a community forum in Westwood, California at the Westwood Community Center. The ideas and information gathered is essential to the development of a strategic plan by the Commission that targets the provision of services for children birth to the age of five, and pregnant women. Three residents of Westwood attended the forum. The purpose of the meeting was to obtain information from the residents of Western Lassen County concerning their needs and assets in the areas of:

- **Improved Family Functioning:** Envisions strong families that are able to provide for the physical, mental and emotional development of children as the foundation for their success. This includes a focus area on parent education and support services.
- **Improved Child Development:** The importance of preparing children to succeed in school is critical. Skills that allow one to problem solve and think creatively are developed in early childhood education settings and nurtured through community and parental reinforcement. This includes a focus area on child care and early education.
- **Improved Child Health:** Children who are healthy in mind, body and spirit, grow up confident of their ability to live a fulfilling productive life. This includes a focus area on health and wellness. The following is a summary of the comments from this meeting:

Three questions were asked in each of the above focus areas:

- Question: What are the needs and resources that the Commission must consider as they develop a strategic plan for quality early childhood development services in Lassen County?
- Question: What are the existing resources that we can build on?
- Question: What are your ideas about things that can be done without any new money?

COMMUNITY MEMBERS OF WESTWOOD AND NEIGHBORING COMMUNITIES SAY . . .

THIS IS WHAT WE NEED, WHAT WE HAVE THAT IS WORKING, AND WHAT WE CAN DO WITHOUT ADDITIONAL FUNDS, TO SUPPORT FAMILY FUNCTIONING AND DEVELOP STRONG FAMILIES:

“A Continuum of Parent Education and Support”

NEEDS:

- Outreach “Center”– a homey place staffed by a coordinator, nonjudgmental, non-treatment environment, a place where healthy life styles can be role modeled. A YMCA concept. Integrate programs such as art, and reading with children.
- Parenting Classes that teach child development and appropriate child care
- Increased outreach to families especially those that are dysfunctional and isolated
- Increased information about resources, health programs, what’s available
- A Service Advocate
- Respite Care for parents of young children
- More Day Care
- Transportation – timing of routes.
- Jobs for parents especially in the winter – collaborate with Career Network

WHAT’S WORKING:

- Alcohol and Drug Services
- Lassen Family Services
- Boys and Girls Club
- Music/Drumming Program (Good for family bonding and expressing rage)
- Strong Faith Community
- Food Shelf
- Breakfast Program
- Health Clinic
- WIC
- Food Commodities
- Public Health Services
- Thrift Store
- Community Theater
- Flea Market
- Community Events such as Paul Bunyan Days

WHAT WE CAN DO WITHOUT ADDITIONAL FUNDS:

- Get more volunteer education into preschools and families, such as Jessica Moss’s Program, and Ty Neff’s Program.
- Work closely with our County Supervisor

**THIS IS WHAT WE NEED, WHAT WE HAVE THAT IS WORKING, AND WHAT WE CAN DO
WITHOUT ADDITIONAL FUNDS TO SUPPORT IMPROVED CHILD DEVELOPMENT:
“Children Learning and Ready for School”**

NEEDS:

- Send all kids to Preschool
- Parent Education incorporating information on age appropriate growth and development of children
- Have something like a children’s fair to draw in families to educate them about child growth and development and good parenting.
- Integrate parent education into new arenas such as the clinic, health department, doctors, collaborate with all service providers to have them give child development information
- Utilize a training kit for 4 year olds and their families. This is a kit that is given the year prior to Kindergarten.
- More Child Care
- Respite for Parents
- Utilize Media to get out the messages
- Increase parent involvement in preschool and all programs for children
- Increased information about services available

WHAT’S WORKING:

- Existing Preschools
- Parenting Classes
- Westwood Family Practice, especially their Nurse Practitioner Cindy Maynes, she is a good service advocate.

WHAT CAN BE DONE WITHOUT ADDITIONAL FUNDING:

- Ask for training from Lassen Child Care Council about development of additional Preschool/Day Care Programs.
- Get more information about existing resources out via PSA’s, local newspaper, booklets, Channel 6.
- Work closely with County Supervisor regarding any possible other sources of funding.

THIS IS WHAT WE NEED, WHAT WE HAVE THAT IS WORKING, AND WHAT WE CAN DO WITHOUT ADDITIONAL FUNDS TO SUPPORT IMPROVED CHILD HEALTH:
“Healthy Children”

NEEDS:

- Increased parental knowledge about basic hygiene and parent supervision
- Increased vision care, both screening and direct services
- Dental Care, both preventive and treatment service, especially for the uninsured and under-insured
- Mental Health Services for Children
- Better Nutrition
- Increased education about resources, where to refer
- Media, website, newspapers, etc., with information about child health
- A Grant Writer

THIS IS WHAT IS WORKING:

- WIC
- Breakfast Program
- Churches
- Food Shelves
- Lassen Family Services
- Private Benefactors
- Snowmobile Club Gift Baskets
- Existing Preschools
- Parenting Classes
- Westwood Family Practice, especially their Nurse Practitioner Cindy Maynes, she is a good service advocate.
- Other existing health programs such as Public Health
- Existing Dental Programs

WHAT CAN BE DONE WITHOUT ADDITIONAL FUNDING:

- Ask community educators/entertainers to come to programs to educate parents about child development, etc.
- Solicit donations/promotional programs/items from manufacturers
- Find more benefactors/donations
- Work with the County to get a cement slab on county land to roller/ice skate on to increase recreational opportunities.
- Use prison labor and the adopt a resource program
- Use volunteers to coordinate some of these activities.
- Work with the County Supervisor and Community Development person such as Tony Shaw, to explore other opportunities.

SUMMARY

A concluding discussion with the meeting participants appeared to express the need for

a “Place”

to serve as the collaborative non-judgmental non-treatment oriented nucleus (umbrella agency) that would be the infrastructure and “place” in which many of the needs identified could be developed and provided to children and families. It was difficult to prioritize the other growth and development and health needs of children, as all seemed to have equal importance. At the end of the evening, a question was asked, how can the Commission keep in touch with the citizens of Western Lassen County? Responses included:

Keep County Supervisor Informed
Advertise the minutes/Director’s Updates in the news paper
Brochures
Website
Channel 6

APPENDIX SIX COMMUNITY MEETING SUMMARY – SUSANVILLE

LASSEN CHILDREN AND FAMILIES COMMISSION Community Meeting and Public Forum Summary Susanville, California, May 30, 2000, 6:00 p.m. - 8:00 p.m.

The Lassen Children and Families Commission sponsored a community forum in Susanville, California at the Veteran's Memorial Hall. The ideas and information gathered is essential to the development of a strategic plan by the Commission that targets the provision of services for children birth to the age of five, and pregnant women. Ten residents of Susanville and adjoining communities attended the forum. The purpose of the meeting was to obtain information from the residents of Lassen County concerning their needs and assets in the areas of:

- **Improved Family Functioning:** Envisions strong families that are able to provide for the physical, mental and emotional development of children as the foundation for their success. This includes a focus area on parent education and support services.
- **Improved Child Development:** The importance of preparing children to succeed in school is critical. Skills that allow one to problem solve and think creatively are developed in early childhood education settings and nurtured through community and parental reinforcement. This includes a focus area on child care and early education.
- **Improved Child Health:** Children who are healthy in mind, body and spirit, grow up confident of their ability to live a fulfilling productive life. This includes a focus area on health and wellness. The following is a summary of the comments from this meeting:

Three questions were asked in each of the above focus areas:

- Question: What are the needs and resources that the Commission must consider as they develop a strategic plan for quality early childhood development services in Lassen County?
- Question: What are the existing resources that we can build on?
- Question: What are your ideas about things that can be done without any new money?

COMMUNITY MEMBERS OF SUSANVILLE AND NEIGHBORING COMMUNITIES SAY . . .

THIS IS WHAT WE NEED, WHAT WE HAVE THAT IS WORKING, AND WHAT WE CAN DO WITHOUT ADDITIONAL FUNDS, TO SUPPORT FAMILY FUNCTIONING AND DEVELOP STRONG FAMILIES:

“A Continuum of Parent Education and Support”

NEEDS:

- Quicker Mental Health Access, destigmatize via use of media
- Collaboration with agencies and providers
- Information on available resources especially about parent education
- Better outreach to hard to reach families “better off the pavement efforts”
- Education regarding child abuse
- Education regarding brain development, nutrition
- Publicize parenting classes better and offer child care
- Better collaboration between Courts and Parenting Classes
- Ombudsman/Service Advocate/Community Rolodex
- Family Resource Center

WHAT’S WORKING:

- Existing Parenting Classes
- Lassen Family Services
- Families for Literacy
- PROMISES
- RAINBOW
- Lassen Child and Family Resources
- Churches, Clergy
- Salvation Army
- WIC
- Crossroads Ministries
- Children’s System of Care
- Public Health

WHAT WE CAN DO WITHOUT ADDITIONAL FUNDS:

- Better advertising of resources
- Better interagency training
- Job Shadowing
- Better Collaboration
- Work closely with our County Supervisor

**THIS IS WHAT WE NEED, WHAT WE HAVE THAT IS WORKING, AND WHAT WE CAN DO
WITHOUT ADDITIONAL FUNDS TO SUPPORT IMPROVED CHILD DEVELOPMENT:
*“Children Learning and Ready for School”***

NEEDS:

- Vision Care - early identification of dyslexia
- Child Care Mentoring
- Increased compensation for child care providers
- Education about what makes a good child care provider
- Evening and weekend child care
- Literacy for adults
- Reading to kids
- Better outreach to outlying areas
- Expand existing programs

WHAT’S WORKING:

- Literacy Program
- Lassen Child and Family Services
- Lassen Child Care Council
- Lassen College Early Childhood Education Classes
- Child Development Training Consortium
- Early Childhood Mentor Program for teachers and directors

WHAT CAN BE DONE WITHOUT ADDITIONAL FUNDING:

- Collaboration
- Literacy Program
- Distance Learning

**THIS IS WHAT WE NEED, WHAT WE HAVE THAT IS WORKING, AND WHAT WE CAN DO
WITHOUT ADDITIONAL FUNDS TO SUPPORT IMPROVED CHILD HEALTH:
*“Healthy Children”***

NEEDS:

- Kits for the treatment of head lice and more education about the condition
- Eye Care
- Dental care for pregnant women
- Dental care for children birth to five years of age
- Pedodontist Services
- Transportation to services, coordination of routes
- Increased access to physicians for school start up physicals
- A health fair for children which would include vision and hearing assessments
- Mental health services for children and their families
- Increased information about resources and health and wellness, especially on mental health services
- Increased Collaboration
- Increased nutrition information and services
- Broaden access to WIC

THIS IS WHAT IS WORKING:

- WIC
- RAINBOW
- Head Start home visiting
- Public Health home visiting
- Immunization Clinics
- Schools
- College for Parents, training about day care
- Transportation system
- Child Health and Disability Prevention Program (CHDP)
- Urgent Care via Northeastern Rural Health, Inc.
- Women's Health Clinic via Northeastern Rural Health, Inc.
- Physicians and perinatal services

WHAT CAN BE DONE WITHOUT ADDITIONAL FUNDING:

- Increased Collaboration

SUMMARY

A concluding discussion with the meeting participants expressed the following priorities

- Dental Services for children
- Some mechanism for collection of data such as a score card project
- Increased Collaboration
- The State Commission Baby Kits – we could supplement with our own information
- More work on exploring our own assets and developing collaborative partners

At the end of the evening, a question was asked, how can the Commission keep in touch with the citizens of Lassen County? Responses included:

- Traveling Commission Meetings
- Do a Newsletter and get it out to key providers and stake holders
- Mail List
- TV Channel
- Education via Healthy Lassen Newsletter
- A website with download and upload capability
- Commission Updates in the newspapers once a month
- Integrate Commission information into existing newsletters

APPENDIX SEVEN

LASSEN COUNTY CHILDREN AND FAMILIES COMMISSION BYLAWS

MISSION

The mission of the Lassen County Children and Families Commission is to promote, support and improve the early development of children from the prenatal stage to five years of age.

AUTHORITY

The Lassen County Children and Families (First) Commission was established in January 1999 by the Board of Supervisors of the County of Lassen. This was done in accordance with the California Children and Families First Act of 1999.

MEMBERSHIP

The Commission shall consist of at least five, but no more than nine, members who are residents of Lassen County, and who are appointed by the Board of Supervisors. Two members of the Commission shall be appointed from county health and child care program services and one member shall be a member of the Board of Supervisors.

The remaining members shall be from the following categories: recipients of project services included in the county strategic plan; educators specializing in early childhood development; representatives of a local child care resource and referral agency or a local child care coordinating group; representatives of a local organization for prevention or early intervention for families at risk; representatives of community-based organizations that have a goal of promoting nurturing and early childhood development; representatives of local school districts; and representatives of local medical, pediatric or obstetric associations or societies.

TERMS OF MEMBERSHIP

Public appointees shall for four years. The term for one half of the initial appointees shall be limited to two years in order to allow for program continuity. When membership openings occur, public invitation for application shall be completed through local media. Specifically mandated appointees from health and child care services will serve at the will of the Lassen County Health and Human Services Department, and the Supervisor appointee will serve at the will of the Board of Supervisors. New membership shall be appointed by the Board of Supervisors.

OFFICERS AND DUTIES

Annually, the Commission shall elect a Chairperson, Vice-Chairperson and Secretary/Treasurer by majority vote of the membership present at the March meeting. Officers may be re-elected for a maximum of two terms. It shall be the duty of the Chairperson to establish the agenda, make committee assignments and preside over meetings of the Commission. The Vice-Chairperson shall serve in absence of the Chairperson. The Secretary/Treasurer shall be responsible for all official correspondence and reporting of income and expenditure data at scheduled meetings.

COMMITTEES

The Commission may establish one or more committees, appointed by the Chairperson, to provide technical and professional expertise, or to address special needs or requirements of the Commission.

COMPENSATION

Commissioners shall serve without compensation, except they shall be paid reasonable per diem and reimbursement of reasonable expenses for attending meetings and discharge of other official responsibilities as authorized by the Commission.

MEETINGS

The Children and Families Commission shall meet monthly. Additional meetings, including public meetings, may be scheduled by the Chairperson as needed. All meetings shall be open to the public.

QUORUM

A quorum shall consist of a majority of Commission membership present and participating in a noticed meeting.

DECISION MAKING

Decisions made by the Commission shall be accomplished by majority vote. The Chairperson shall not cast a vote unless necessary to break a tie vote.

BYLAWS

These bylaws shall become effective upon approval of the Commission with notification to the Board of Supervisors. These bylaws may be amended by consensus of the Commission.

APPENDIX EIGHT

LASSEN COUNTY ORDINANCE ESTABLISHING COMMISSION

The Lassen Children and Families Commission was established by Ordinance 538, Adopted on 1/12/99 by the Lassen County Board of Supervisors. A full copy of the Ordinance is available at at the Lassen Children and Families Commission Office, 1345 Paul Bunyan Road, Suite B, Susanville, California 96130, (530) 257-9600.